OPTIMIZE INFANT AND TODDLER FEEDING FOR OBESITY PREVENTION
PROJECT REQUEST FOR APPLICATIONS

Seeking Primary Care Pediatric Practice/Clinic Teams Interested in Improving Their Care for Obesity Prevention for Children from Birth to Age 2 for Participation in Brief Virtual Quality Improvement Collaborative

**Background**
The Optimize Infant and Toddler Feeding for Obesity Prevention Project is an innovative quality improvement (QI) project that aims to improve the quality of primary care, to foster healthy behaviors and healthy weight in children from birth to age two, using a comprehensive approach. 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 early obesity prevention. The project is a virtual 19-week collaborative, with three data cycles, plus one monitoring data cycle, held approximately six months later.

**Aims**
- By the end of the 19-week collaborative period, during well child visits for children under age two, practices will:
  - Assess and provide tailored patient/family-centered counseling on dietary intake and nutrition 90% of the time, parent or home environment strategies to support healthy lifestyle behaviors 70% of the time, and key social determinants of health 50% of the time.
  - Assess key pre- or peri-natal obesity risk factors 70% of the time, assess weight for length percentile 100% of the time, and make 1 improvement to support accurate weighing and measuring of children under age two.
- Practices will also sustain their improvements at 6 months.

**Benefits of Participation**
- Learn from national experts in obesity prevention and treatment, skilled in leading quality improvement efforts in pediatric primary care
- (If approved) Earn 25 American Board of Pediatrics Part 4 Maintenance of Certification (MOC) credits (see Appendix for MOC requirements)
- (If approved) earn 20 Project CME /Part 2 MOC credits
- Participate in evidence-based educational content regarding optimal early feeding and earn up to 4 hours of CME/Part 2 MOC credit through participation in brief, self-paced CME modules on the four key topic areas of the project and live action period webinars
- 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.

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<tr>
<th>Activity</th>
<th>Description</th>
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<td>QI &amp; CME modules</td>
<td>A total of 4 hours are required. The CME modules are brief and self-paced, covering the following topic areas: 1) Optimal Early Nutrition Overview 2) Sound Nutrition 3) Supportive Environments and 4) Responsive Relationships. Each module provides evidence-based education on core topics related to childhood obesity prevention. A required Quality Improvement module must also be completed.</td>
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<td>Action period webinars</td>
<td>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. Scheduled calls with small groups of participating teams will also be offered periodically.</td>
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<td>Team meetings</td>
<td>Each team will hold at least four meetings, directed by the Lead Clinician, to plan changes, review progress, and develop solutions to the challenges encountered.</td>
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<td>Change package</td>
<td>Resources will be provided to assist practices in implementing changes, including implementation guidance, questionnaires, documentation forms, various patient resources, additional training modules, etc.</td>
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<td>Chart review and data entry using the QIDA system¹</td>
<td>Teams enter three cycles of chart review data and one monitoring data cycle (minimum of 20 charts each cycle) using the AAP’s QIDA system and receive customized reports that enable them to monitor progress and track improvements. Practice-level aggregated chart data will be shared with other practice teams, to foster collaboration.</td>
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<td>Monitoring Office Hours/TA Calls</td>
<td>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.</td>
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¹ The Optimize Infant and Toddler Feeding for Obesity Prevention 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.
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 prevention and treatment in pediatric primary care.

The application period will close upon receipt of 25 eligible submissions, or by November 23, 2022. We plan to notify practices of their acceptance by December 2, 2022.
Please follow the link below to complete the online application:
https://www.research.net/r/Round4-OptimizeFeeding

**Contact Information**
Please contact Stephanie Womack at 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, January 18, 2023
- **Data Coordinator Training:** Friday, January 20, 2023
- **Action Period Webinars:** The remaining 3 webinars will be scheduled on Wednesdays, at approximately 6 week intervals (Wednesday, February 22, Wednesday, April 12, Wednesday, May 24.

**MONITORING CYCLE TA CALLS (optional but strongly encouraged)**
- **12-weeks post collaborative call:** Wednesday, August 9, 2023
- **3-weeks post monitoring data submission:** Wednesday, November 8, 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 20 Project CME/Part 2 MOC (if approved) 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 module completion survey
- Complete a participant agreement form and pre- and post-project surveys
- Attend action period webinars (strongly encouraged for all pediatricians and other core staff)

**MOC 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 a total of four required hours of brief, self-paced CME modules on four topic areas (Modules related to 1) Overview and 2) Sound Nutrition topic areas must be completed before the kickoff webinar; Modules related to 3) Supportive Environments and 4) Responsive Relationships topic areas are required before the first action period webinar)
- Participate in the QI project for its duration, including a 19-week collaborative period and the monitoring data cycle, held 6-months after the last collaborative data cycle (As an exception, those who participate for the entire 19-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
  o Ensure that data is submitted and reviewed for each data cycle, in a manner consistent with the sampling criteria
  o Ensure that required PDSA forms are submitted using the provided survey interface
• Verify and attest to participation by locally participating pediatricians