PRIMARY CARE OBESITY MANAGEMENT CERTIFICATE PROGRAM

INCORPORATING QI INTO A BLENDED LEARNING PROGRAM:
THE PRIMARY CARE OBESITY CERTIFICATE MANAGEMENT PROGRAM

Eric D. Peterson, Michele L. McKay, Sherlyn B. Celone, Sophie Peloquin, Meghan Brenner, David J. DePalma, Karlee Renninger, Morgan Peniuta, Daniel Pace.

PROBLEM STATEMENT AND INTERVENTION

Problem:

- Obesity and overweight comprise a chronic, relapsing, multifactorial, neurobehavioral disease that affects approximately 69% of adults 20 years and older in the United States; 35% of these adults who have obesity.[1-3]
- As growing professions in the primary care workforce, PAs and NPs are imperative to addressing the growing obesity epidemic, but tailored educational programs in obesity management (OM) are lacking.

Aim of Intervention:

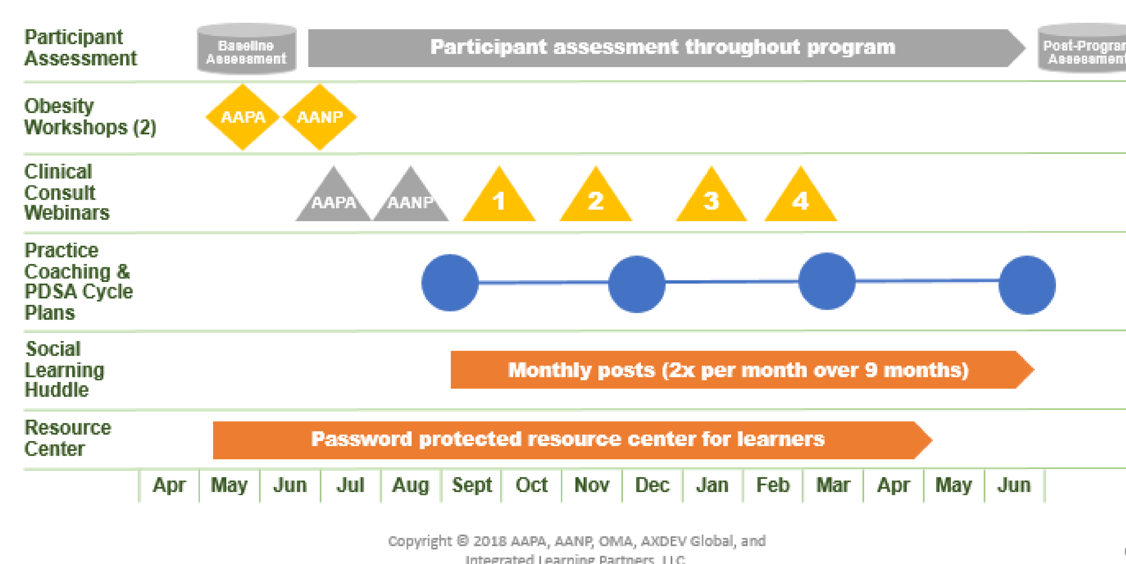
- The primary aim of the ***Primary Care Obesity Certificate Management Program*** is to support PAs and NPs in **improving their knowledge, clinical skills, confidence, and competencies,** and equip them with the necessary tools to provide **best-in-class obesity-related care** and **implement sustainable practice behaviors in obesity management**.

DESCRIPTION OF THE PROGRAM

The Primary Care Obesity Management Certificate Program is designed as a **practice improvement project,** engaging participants in a **multimodal longitudinal learning program** over a 15-month period.

Prior to engagement, participants completed AAPA and AANP's Obesity Leadership Edge's core CME/CE curriculum (7 online modules)**.**

Educational Interventions:



The program is comprise of the following activities:

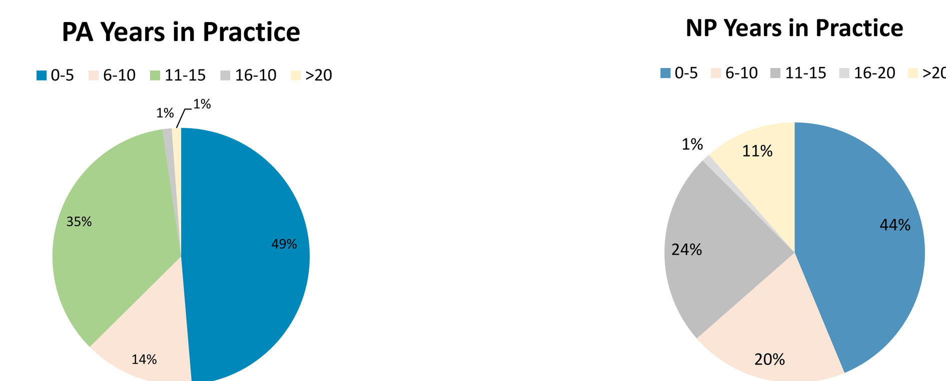
- Baseline and chart abstraction assessment*
- One, **4-hour workshop**
- Four, **quarterly webinars**
- Bi-weekly engagement in a **community of practice social learning platform**
- Three, **practice improvement projects** leveraging Deming's "Plan, Do, Study, Act"(PDSA) model**
- Monthly coaching from Quality Improvement (QI) Practice Coaches
- A follow-up and chart abstraction assessment

* Participants supply de-identified chart data of five patients at baseline and post-program
**Each practice will be required to design and implement PDSA Cycle plans during this project that are aligned to screening and documentation, conducting waist circumference measures, and nutrition/physical activity counseling with patients.

ENGAGEMENT TO-DATE

Sociodemographic Participant Data:

- 34 PAs and 38 NPs are registered in the program:



Activity Engagement:

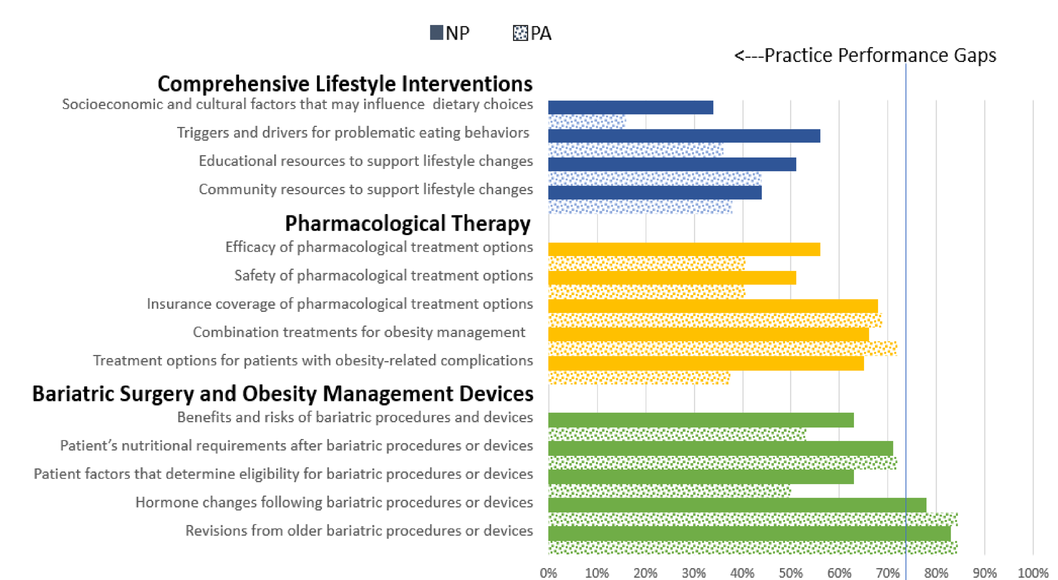
	Specialty area (%)				Years in Practice (%)					Completed educational activities (n)			PDSA Cycle	PDSA Cycle
	Family Practice	Internal Medicine	Geriatric	Endocrin-ology	0-5	6-10	11-15	16-20	20+	Workshop 1	Webinar 1	Webinar 2	Goal 1 Plan Phase	Goal 2 Plan Phase
NPs	77%	16%	5%	2%	44 %	20 %	24 %	1%	11 %	49	37	34	35	31

	Specialty area (%)			Years in Practice (%)					Completed educational activities (n)			PDSA Cycle	PDSA Cycle
	Family Practice	Internal Medicine	Obesity Medicine	0-5	6-10	11-15	16-20	20+	Workshop 1	Webinar 1	Webinar 2	Goal 1 Plan Phase	Goal 2 Plan Phase
PAs	76%	21%	3%	49%	14%	35%	1%	1 %	31	31	32	35	34

Baseline Data:

- The baseline assessment identified areas where participants would benefit from educational interventions:

% of NPs and PAs who reported **no knowledge** or **basic knowledge** of the following



Intervention Goals:

- Practice goals were set utilizing 2018 MIPS measures for Obesity Management. Based on educational need and performance gaps, participants focused on goals 1, 2, and 6 and target percentages were established.

Goal	Target (% of patients)
1. Increase % of patients screened for overweight or obesity measures by measuring and documenting BMI	95%
2. Increase % of patients with a BMI above normal parameters* who have a waist circumference documented in the EHR	70%
3. Increase % of patients with a documented diagnosis of overweight or obesity	80%
4. Increase % of patients with a diagnosis of overweight and obesity with a follow-up appointment scheduled	80%
5. Increase % of patients with a documented diagnosis of overweight or obesity that have a readiness evaluation completed and documented	80%
6. Increase % of patients with a diagnosis of obesity who have an obesity treatment plan documented Specify plan: Nutrition counseling Physical activity counseling Follow-up engagement	70%

CONCLUSION

Curriculum Adjustments:

- The original design included an assumption that after completing prerequisite modules there would be higher level of procedural and declarative knowledge.
- However, adjustments were made to curriculum and practice improvement goals to tailor the program to the cohort's identified gaps and educational needs.
- Given the low-level baseline knowledge, competence, and confidence, we had to develop content appropriately for the novice and advanced beginner levels that aligned to Benner's model.[4]

Primary areas of focus:

- Pathophysiology and obesity as a disease
- Complete obesity assessment BMI, waist and neck circumference
- Nutrition and physical activity therapeutic options and counseling
- Billing and coding
- Setting up your practice
- Pharmacotherapy treatment decision-making
- Using patient-first language

Next steps:

- Participants have two CME/CE activity webinars and 4 months of huddle posting to complete as well as their final PDSA cycle plans by July 2019 followed by follow-up assessment.
- The first cohort of participants will complete their curriculum in August 2019.
- Participants will be able to opt-in and participate in a capstone project where they can benefit from additional coaching and implement lessons learned into practice via a PI-lite program that incorporates patient engagement and data.
- Post-Program data should be available towards end of 2019.

EXPECTED IMPACT/OUTCOMES

- This initiative will contribute to enhancing obesity management core competencies among primary care providers, and aid in the development of future leaders in obesity management.
- Participants will demonstrate improvement in knowledge, skills, and confidence relative to obesity screening, treatment decision-making, and counseling.
- It provides a pathway for primary care providers who are interested in establishing obesity management practices in their communities.
- Should participants wish to further develop their expertise in Obesity Management, a portion of the program CE credits will count towards the OMA's *Certificate of Advanced Clinical Education in Obesity Medicine*.
- It is expected that a subset of participants will continue on in their professional development in obesity management and thought leadership in primary care.

FACULTY & SUBJECT MATTER EXPERTS

Sherlyn B. Celone-Arnold*
CEO and Founder,
Integrated Learning Partners
Westport, CT

Karlijn Burridge, MMS, PA-C
Physician Assistant,
Baylor Scott & White Health
Grapevine, TX

Sandra Christensen, MSN, ARNP, FNP-BC, FOMA
Owner, Nurse Practitioner,
Integrative Medical Weight Management,
Seattle, WA

Krishna Doniparthi, MD, FOMA, ABOM
Medical Director, Functional Medicine of Georgia,
Milton, GA

Christina Funk, DNP, FNP-C, APNP
Nurse Practitioner,
ReforMedicine Family Practice & Medical Weight Loss
Eau Claire, WI

Amy Ingersoll, PA-C*
Owner,
Integrative Weight &Wellness
Scottsdale, AZ

Jeffrey Sicat, MD, FACE, FOMA
Medical Director,
Virginia Weight Loss & Wellness
Glen Allen, VA

Angela Golden, DNP, FNP-C, FAANP*
Owner, Nurse Practitioner,
Nurse from Home, LLC
Past President, AANP
Munds Park, AZ

Osama Hamdy, MD, PHD, FACE
Medical Director, Obesity Clinical Program
Joslin Diabetes Center,
Associate Professor of Medicine,
Harvard Medical School
Boston, MA

**Also QI Practice Coaches*

JOINT SPONSORS

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