Clinical Safety & Effectiveness
Cohort # 16

Impacting Childhood Obesity

CENTER FOR PATIENT SAFETY & HEALTH POLICY
UT Health Science Center
SAN ANTONIO
The Team

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Project Milestones

- Team Created: Jan 2015
- AIM statement created: 3/6/2015
- Team Meetings: 1/7, 2/4, 3/4, 4/1 2015
- Background Data: 3/6/2015
- Brainstorm Sessions: 2/4-3/4 2015
- Workflow and Fishbone Analyses: 2/9/2015
- Interventions Implemented: 3/23-5/1/2015
- Data Analysis: 5/14/2015
- CS&E Presentation: 6/5/2015
The Target Population:
Overweight children BMI 85%-95%
Obese children
BMI >95%
12.5 million children are obese

During audit periods 20%-30% of our patient population in well child clinic had a BMI >85%
Background

• Inconsistent care to overweight children in the UTHSCSA Family Health Center
• Inconsistent follow up and accessing resources
• Multiple attendings and residents rotating through well child clinic
• Time constraints on many days
• Cultural barriers due to a multicultural clinic
• Communication barriers due to literacy, non-English speaking, educational levels and extensive psychosocial confounding factors
Perceived Process Flow in Ideal Conditions

- Pediatric patient BMI >85%
  - Blood pressure >95%
  - Echo/Renal Sono
  - Sleep Study
  - Medication

- Yes

- Counseling
  - Follow up 3mos -1 yr

- FLP LFTs A1C
  - Normal Results
    - Follow up 3mos-1yr
  - Abnormal Results
    - Further Work-up as appropriate
    - Follow-up 3 mos - 1 yr
Fishbone Diagram of Factors Influencing Care of Children with a BMI>85% in the UTHSCSA Family Health Center
A collaboration of 25 US pediatric obesity centers, used a combination of the best available evidence and collective clinical experience to develop consensus statements for pediatric obesity-related comorbidities in 2014.
**All Receive Nutrition**

Referral and follow up in maximum of 3 months
Protocol Markers for Data Assessment

• BP assessment if >95%
• Lipid assessment ordered and completed if indicated
• Diabetes screening ordered and completed if indicated
• Fatty liver assessment ordered and completed if indicated
• Counselling ordered
• Counselling completed
• Follow up scheduled
• If indicated was a sleep study completed
PLAN: Intervention

Educate faculty and residents on protocol
Implement in all Well Child clinic sessions
Encourage compliance and feedback
Implementing the Change

The protocol was distributed by electronic means to all faculty and residents. The protocol was posted in the orange well child module. All nursing staff, faculty and residents were informed and had the opportunity to provide feedback. The change was implemented from 3/23/2015- 5/1/2015.
FHC Protocol for Overweight/Obese Child Management

% elements Documented

Pre and Post Intervention

Clinic Visits Jan - May 2015
Sustaining the Results

Resident education will be incorporated into the well child clinic for the protocol.

The protocol will be pivotal and used in other childhood obesity projects.

We are improving scheduling of follow ups for targeted population by opening well child clinics out farther than other FHC clinics.

Lipid assessments are not required to be fasting to improve compliance with laboratory assessment in the protocol.
Fishbone Diagram of Factors Influencing Care of Children with a BMI>85%

- Physician
  - No Clear Protocol
  - Intensity of workup influenced by time constraints
  - Family has to schedule appts
  - Lab requires lipid checks to be fasting
- System
- Patient/Family
  - Psychosocial factors effecting perception of weight
  - Transportation issues
  - Limited access to exercise
  - No defined protocol for management of overweight/obese children
- Medical Standards of Care
  - No clear Evidence Based guidelines
  - Emerging Problem
Conclusion

The protocol was received well and helped assist clinic decisions when there was time constraints. Challenges remain for patient compliance and actual meaningful interventions. This is a beginning step to standardize a process for multiple possible future interventions. The consistent medical protocol will help support a TAFP funded family based educational intervention.
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System
- F/U not always available

Medical Standards of Care
- No defined protocol for management of overweight/obese children
Return on Investment

- FLP $30
- A1C $35
- LFTs $25
- Initial nutrition consult $100
- Reimbursement for FM visits $70
- Yearly medical $ for obesity in US $150 billion
- DM yearly costs for individual $8000
- Final return on investment Potentially Priceless
Thank you!
Children’s Hospital Association Consensus Statements for Comorbidities of Childhood Obesity

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