Shifts toward evidence-based primary care management of adults who are obese: Evaluation of the PI-CME program, *The Obesity Epidemic: Improving Practice to Provide Proactive Care*

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**Background**

Despite its prevalence, obesity remains underdiagnosed and undertreated by primary care clinicians. To address these gaps in care, a performance improvement continuing medical education (PI-CME) program was approved for Part IV credit by the ABIM in 2012 for primary care clinicians managing adult patients who are obese. The goal of the activity was to initiate practice changes in the evaluation and treatment of patients who are overweight or obese. We assessed the participants' patterns of care in this regard prior to and following participation in the program to determine the impact of the program on participant's management of patients who are obese.

**Methods**

The program was based on validated obesity performance measures and guidelines. The program, released on June 29, 2012, included 3 stages: A) a case-based survey to assess practice patterns in obesity management and chart audit for 25 of adult patients who were obese; B) participants identified practice areas to improve and chose relevant interventions; and C) the case-based survey and chart audits for comparison to stage A results. Comparisons of survey (32 responses from clinicians that completed Stages A and C) and chart review results from Stage A (n = 790 charts) to Stage C (n = 785 charts) were the basis for determining the impact of the program.

**Table 1. Study participant demographics**

<table>
<thead>
<tr>
<th>Program Completers (n = 32)</th>
<th>Degree</th>
<th>MD</th>
<th>DO</th>
<th>NP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>91%</td>
<td>6%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td>Family medicine</td>
<td>6%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Practice setting</td>
<td>Solo private practice</td>
<td>19%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group private practice</td>
<td>6%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical school</td>
<td>9%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-government hospital</td>
<td>6%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Government</td>
<td>9%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (clinics and universities)</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years since medical/professional school graduation (mean)</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Patients seen per week (mean)</td>
<td>55</td>
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</tbody>
</table>

**Results**

**Assessing Body Mass Index and Waist Circumference**

- Figure 1: Percent of patients with documented BMI within the last two years
- Figure 2: Documenting waist circumference
- Figure 3: Method of determining if patient was overweight or obese

**Patient Education and Counseling for Weight Loss Strategies**

- Figure 4: Percent of patients that had their motivation and readiness for weight loss assessed and documented with the last 12 months

**Assessing Patient Motivation/Readiness for Weight Loss**

- Figure 5: Percent of patients that had their motivation and readiness for weight loss assessed and documented with the last 12 months

**Medications Contributing to Weight Gain and Consideration of Weight Gain Side Effects When Selecting/Changing Medications**

- Figure 6: Evaluation of current medications and weight gain side effects

**Summary**

- Significantly more patients had their BMI documented by their clinician after completion of the program. (Fig. 1)
- A third of patients of Stage C clinicians had documented waist circumference over the past 2 years, compared to only 4% at Stage A. (Fig. 2)
- In addition, clinicians at Stage C were also significantly more confident than at Stage A in their ability to obtain and use waist circumference measurements.
- Significantly more patients of Stage C clinicians were provided education/counseling on nutrition, physical activity, or lifestyle change, than at Stage A (Fig. 4).
- Significantly more patients of clinicians who completed the program were assessed for motivation and readiness for weight loss than patients of clinicians prior to participation. (Fig. 5)
- Over 80% of patients of clinicians who completed the program had their medications evaluated, significantly more than the patients seen by clinicians prior to participation. (Fig. 6)

**Conclusions**

The program addressed the primary phases of weight management, including weight assessment, education, and counseling of patients on options for weight loss, assessing patient motivation and readiness for weight loss, and assessing related comorbidities and medications that may impact weight gain. This analysis identified significant shifts in clinicians’ practices toward evidence-based management of patients who are overweight and obese. Given clinicians’ propensity to adopt an evidence-based management approach to obesity, efforts to reinforce this should be fostered by supporters of future educational initiatives.

**Acknowledgements**

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