Introduction

While excellent guidelines for the diagnosis and treatment of adult obesity exist, the growing epidemic of adult obesity suggests a disconnect between guidelines and clinical practice. Early and efficient management of overweight and obese patients may contribute toward lowering the risks of associated comorbidities such type II diabetes, dyslipidemia, coronary artery disease, stroke, liver and gallbladder disease, sleep apnea, and several cancers (Centers of Disease Control and Prevention, 2010).

Objectives

Primary care providers (PCPs) are uniquely positioned to play an active role in this national crisis by consistently assessing risk factors for obesity and then providing culturally competent, evidence-based interventions.

• Primary objective – evaluation of a succinct, user-friendly tool (Hassell & Holloway Obesity Algorithm) designed by researchers to assist PCPs in diagnosing adults who are overweight and obese and implementing EBP guidelines into the intervention plan

Study Setting

• Michigan has the 10th highest rate of adult obesity in the United States (Michigan Department of Community Health, 2011)

• The economic, environmental, and social inequalities experienced by many mid-Michigan families result in a disproportionately high prevalence of risk factors for disease, of which being overweight and obese are major factors

• Translational study conducted at an urban, mid-Michigan primary care clinic serving a population of largely uninsured and underserved adults

Statistical Design / Methodology

• Translational research that utilizes quantitative and qualitative methods to evaluate a tool developed to address adults who are overweight and obese

• 30-day trial period was initiated 9/24/12 to 11/2/12 and compared to charts from the same time frame a year prior (9/26/11 to 11/4/11)

• During trial period, the tool was placed in chart of each patient with a BMI ≥ 25 to guide provider decision-making

• Inclusion criteria: BMI ≥ 25 and age ≥ 18 years

• At conclusion of the 30-day trial, all patient charts were reviewed to determine (a) number of times BMI was recorded; (b) frequency overweight/obese/morbidly obese diagnosis was captured; (c) frequency accurately captured diagnosis was addressed through a documented weight management plan

• Comparison of before intervention to after intervention quantitative data was used to determine if a clinically and/or statistically significant change occurred

• Participating NPs completed post-trial surveys to assess perceived efficacy and ease of use of algorithm

Chart Review Demographics

• 531 charts included in final analysis

• Mean age of study subject was 43.8 (+/- 11.7 years)

• Mean BMI of study was 33.2 (+/- 6.5)

• Study population was almost equally divided in subcategories of race (African American: n = 267, 50.3%; Caucasian: n = 238, 44.8%) and gender (male: n = 266, 50.1%; female: 265, 49.9%)

Results

Study Questions

1. Will there be a clinically and/or statistically significant difference in how often BMI is recorded for overweight or obese patients after the intervention compared to before the intervention?

2. For overweight or obese patients, will the intervention significantly change how often an assessment (diagnosis) is accurately recorded?

3. For overweight or obese patients, will the intervention significantly change how often a weight management plan was documented?

4. For overweight or obese patients, will subgroup analysis identify statistically significant changes in the recording of BMI, assessment, or weight management plan by key demographic subgroups (age, gender, or race)?

Conclusion

• This translational study was the first to attempt to bridge the disconnect between national guidelines and recommendations and clinical practice using the Hassell & Holloway Obesity Algorithm

• Statistically significant improvement was demonstrated when participating PCPs increased their consistency and effectiveness in assessing and implementing current evidence-based recommendations and guidelines into clinical practice

• Clinical significance was demonstrated through self-reported perceptions of the participating PCPs which revealed they believe the tool demonstrated both ease of use and efficacy

References


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