Health Challenge

- Obesity and diabetes have become major health concerns\(^1\).
- Currently, more than one-third (37.5\%) of U.S. adults are obese\(^2\).
- Nearly 26 million Americans live with Diabetes, and current efforts to control the disease are failing\(^3\).
- Health professionals across the disciplines play an important role in addressing diabetes and obesity.

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\(^1\) [http://www.cdc.gov/chronicdisease/overview/index.htm](http://www.cdc.gov/chronicdisease/overview/index.htm); Retrieved 11 January 2013.
South Carolina Initiative for Quality Overweight/Obesity Care

- Three year medical educational-research project

- Institutional Collaboration

  - University of South Carolina School of Medicine-Palmate Health Richland
  - Continuing Medical Education Organization
  - MUSC Medical University of South Carolina

- Aim:
  - **Primary**: To increase the capacity of primary care practices to provide patient-centered obesity health care
  - **Secondary**: To pilot a practice-based educational approach

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**Why Practice-based?**
In early-2012, as part of a needs assessment, our team administered a survey to staff and providers at a primary care practice. The purpose of the survey was to learn about existing attitudes and experiences around obesity health care. The results of the survey revealed that practice members had widely varying views and approaches to addressing obesity. For example, some believed that obesity is treatable and talked with their patients about the patient’s weight. Others viewed obesity as untreatable, and were less inclined to discuss weight with their patients even if weight was a clear health concern. Now, patients at this practice are not assigned to a particular physician. Thus, variations in attitudes and approaches to obesity health care meant that patients of the practice were potentially receiving mixed messages about their weight and health.

If we had taken a traditional CME approach in response to this problem, we might have identified an obesity health expert and organized a CME event. The event would be attended by only physicians, and most likely, only a portion of the physicians from the practice (perhaps those believing that obesity is treatable) would attend the CME event.

Instead, we organized a meeting involving the practice physicians and key staff members. During the meeting, we shared the assessment data and facilitated a conversation among the practice members. It turned out that the providers were not even aware that they were addressing obesity different. This was the first time that they had ever sat down to talk about the issue. By the end of the meeting, the practice members decided to adopt a practice protocol that would serve as a guideline for addressing obesity with patients.

By including both physicians and key staff, the practice was able work as a team to resolve an existing practice gap. And by having the physicians and key staff talk amongst themselves while, we (as the medical educators) served as facilitators, the practice members were able to come up with their own solution, which ultimately contributed to buy-in and resulted in successful implementation. The experience as a whole also left the practice members with a different concept of what medical education could involve: Medical education could involve more than just physicians (and, in fact, had greater value when staff were involved) and medical education could result in practice-wide changes.
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A New Frontier...
Designing Beyond Traditional CME

- Two-stage assessment approach, followed by intervention

OUTCOME
Quality Obesity Care

Educational Outcomes

Participating Practices

- Practice Protocol
- Waist Circumference & BMI
- Appropriate Scales
- Patient Survey

Communication Knowledge/Skills Training
Preventative Care Grant
Shared Understanding
Buy-in & Sustainability
From a Practice Staff Member

Staff felt honored that their opinion was sought!!! [Obesity] is a subject I think we all know too well but never took time to think about how processes affect the obese patients. Very eye-opening experience.

Education Outcomes

Medical Educators

- Increased understanding of how to design, implement and evaluate practice-based educational activities

- Increased understanding of how to engage in medical education research

- Iterative assessment process fostered on-going openness to learning and improvement among project team members

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Insights for Educators

- Take risks: dare to think different, bigger, and better (but stay within your project scope)
- Be thoughtful and deliberate about team development at project start-up
- Engage bottom-up, top-down, and laterally
- Be patient: sustainable change takes time to realize

Comments & Questions

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