



# A Plan for Action: Addressing Obesity in the Primary Care Setting

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## BACKGROUND

- Obesity in the United States adult population has a reported prevalence of 41.9% from 2017-2020
- For patients with obesity, primary care physicians (PCPs) are often their established contact within the healthcare system
- PCP's have a recurring opportunity to address obesity with patients on their primary care panels

## OBJECTIVE

- We sought to increase the percent of patients in primary care panels of internal medicine residents with obesity addressed and documented during routine outpatient visits by 20% over a 3-month time-period.

## METHODS

- Baseline data was collected via sampling method for 36 patients with obesity (defined as BMI >30) in primary care panels of nine internal medicine residents seen for annual physicals or routine follow-up visits in the preceding three months
- Data collection was completed via office visit chart review to determine if obesity was addressed and documented in the assessment and plan
- In order to address the root cause of minimal prompts in clinic workflow that would otherwise lead providers to discuss and prioritize obesity management, the standard clinic template was adjusted to incorporate obesity with the patient's BMI into the health maintenance section of the note with an EMR "hard stop" entry field so providers must address this item before completing the note

FIGURE 1 – FISHBONE

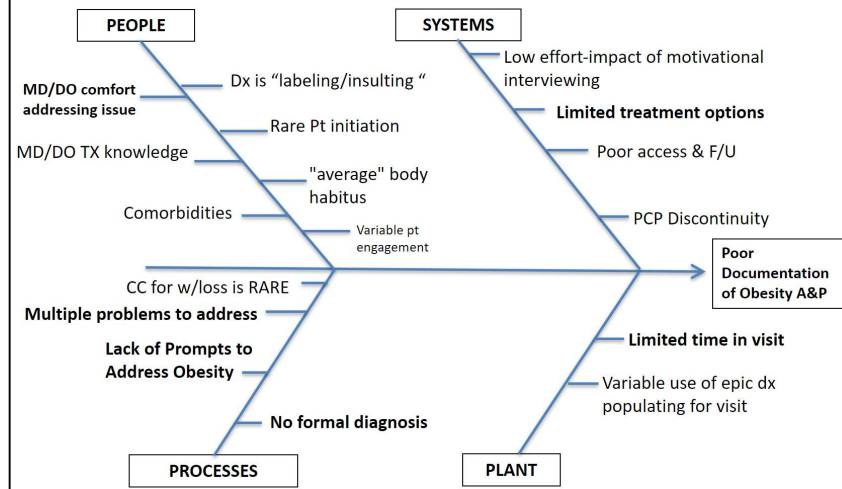
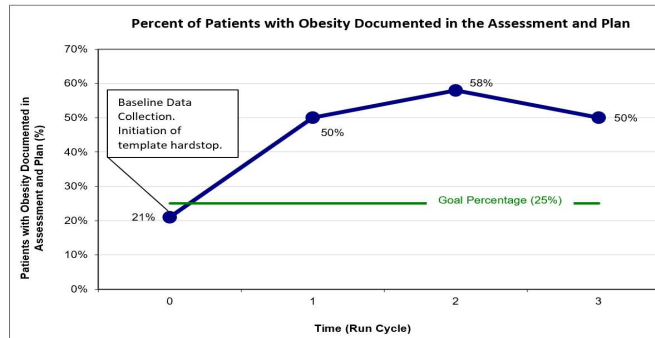


FIGURE 2 – NOTE TEMPLATE UPDATE "HARD STOP"

Health Maintenance Tab:  
 BMI Body mass index is \*\*\* kg/m<sup>2</sup>

FIGURE 3 – RUN CHART



## RESULTS

- At baseline, 22% (8/36) of patients sampled had documentation of obesity with an assessment and plan in the most recent clinic visit
- The mean BMI of the sample patients was 38.7
- A majority of patients had hypertension (72%) and significant rates of diabetes (36%) and vascular disease (13%)

## Documentation of obesity with an assessment and plan

- Pre-Intervention baseline: 22% (8/36)
- Post-Interventional Cycle 1: 50% (11/22)
- Post-Interventional Cycle 2: 58% (17/29)
- Post-Interventional Cycle 3: 50% (20/40)

## DISCUSSION

- To help clinicians and patients address obesity, we implemented a change in clinic workflow by creating a BMI "hard stop" within the clinic note template
- Documentation of obesity in assessment and plan improved from baseline 22% to 50% (total increase 227%) after Interventional Cycle 1, which is significantly greater than 20% improvement as stated in objective
- Additional Cycles 2 and 3 had similar documentation improvements at 58% and 50% of total patients respectively
- The implemented "hard stop" likely played a role in improving assessment and plan documentation, but sole efficacy is limited by confounding factors such as weekly discussions of stated goal during QI meetings and limited patient data