Obesity Change Makers: National Quality Improvement Initiative to Improve Evidence-Based Care

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Background

- Obesity care is often **underprioritized**, with limited experience in developing comprehensive care plans and using **antiobesity medications**.
- Greater focus is needed on fostering **interprofessional collaboration** and support group utilization.

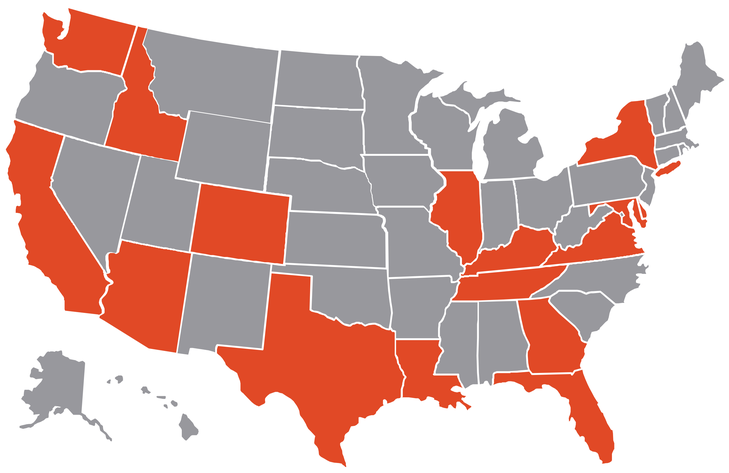
Aim

- To increase the percentage of adults with obesity who **receive guideline-recommended** obesity care by 15%-20%*

Methods

Study Design

- **21 practices** from **16 states** implemented system-based QI interventions in alignment with the **IHI Model for Improvement**.
- HCPs participated in live and online educational activities **to address gaps in QI methodology and obesity care**.

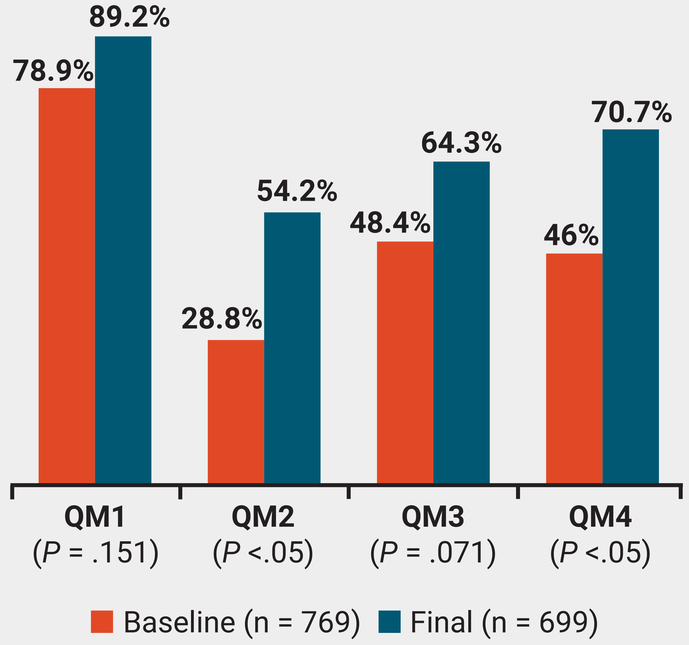


Practice Site Breakdown

17 private practices
- 13 primary care
- 2 endocrinology
- 1 women's health/ primary care
- 1 pharmacy

4 residency programs
- 2 community health centers
- 1 community hospital
- 1 academic medical center

Improvements Across All Quality Measures (Mean Values)



- **QM1:** Percentage of patients where obesity was on the problem list†
- **QM2:** Percentage of patients with an obesity care plan that included multimodal interventions
- **QM3:** Percentage of patients prescribed antiobesity medications
- **QM4:** Percentage of patients who lost weight over the past 6 months

Change Concepts

Multidisciplinary Workflow	Formation of dedicated obesity care teams, dedicated staff for follow-up care
Appropriate AOM Use	Guideline education, pharmacist-led dialogue, and self-study
Patient Engagement	Motivational interviewing, training, health coaching, support groups, and referrals
EHR Integration	Standardized EHR templates and documentation shortcuts

Conclusion

- QI interventions equip HCPs to implement **sustainable changes** in obesity care, with scalable solutions addressing **localized gaps** across diverse care settings.
- Multimodal management, EHR interventions, and **improved AOM prescribing** drive weight loss but access to AOMs remains a **key barrier**.

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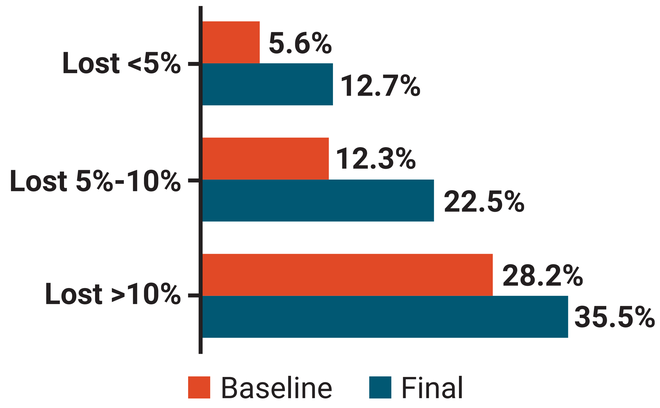
*Within each of 21 practice sites in this initiative.

†Problem list generation is either manual or automatically generated from a diagnosis based on EHR abilities. AOM, antiobesity medication; BMI, body mass index;EHR, electronic health record; HCP, healthcare professional; IHI,Institute for Healthcare Improvement; QI, quality improvement; QM, Quality Measure.

Quality Measure Breakdown

Figure 1. Quality measure 4 subanalysis: Percentages reflect only patients who lost weight.

% of Patients who Lost Weight in the Past 6 Months

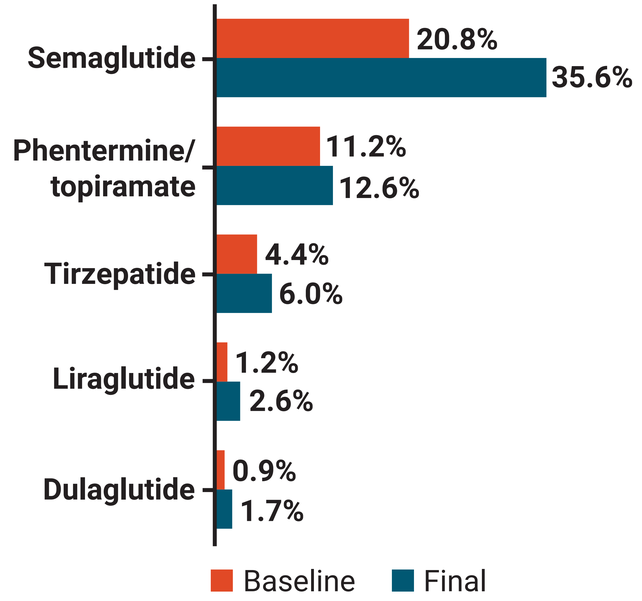


Baseline Average BMI = 38.3 kg/m²

Final Average BMI = 36.4 kg/m²

Figure 2. Quality measure 3 subanalysis.

Most Commonly Prescribed AOMs



Learn Do Share — Obesity Change Makers

A QI Initiative Improving the Care of Patients with Obesity

cea clinical education alliance

Q Synthesis

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