

**Submission Id:** 5136

**Title**

*Conversations about Weight: Using a Pre-Visit Questionnaire to Improve Clinician-Patient Communication*

**Priority 1 (Research Category)**

Obesity, exercise and nutrition

**Presenters**

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**Abstract**

Context: PATHWEIGH is a toolset embedded in the EPIC electronic health record to help primary care practices provide weight management assistance to their patients. Objective: The objective of this portion of the study was to examine factors important to PATHWEIGH implementation. Despite the need for weight management to be integrated into primary care, most clinicians find obesity challenging to discuss. Pre-visit planning can improve patient perceptions of clinician communication, but little data demonstrates how this occurs. We examined how a pre-visit questionnaire facilitated communication about weight management in primary care. Setting/Population Studied: Patients self-select to schedule an initial or ongoing weight-prioritized visit (WPV) type including a pre-visit questionnaire. We conducted semi-structured interviews with participating clinicians and staff at 15-17 months and video recorded a subset of WPVs. Study Design and Analysis: Qualitative study using content analysis to analyze interviews and conversation analysis (CA) to analyze videos. Instrument: Semi-structured interview guide including questions about practice context, weight management, PATHWEIGH utilization, and recommendations for improvement. Videos included audio and visual recordings of actual visits across primary care practices in one Colorado health system. Outcome measures: Themes related to barriers and benefits of providing weight management assistance to patients. Results: Interview participants included clinicians (n=20) and staff (n=14) from 18 practices. Videos of WPVs (n=14) were collected from 7 practices. Interviewees valued the pre-visit questionnaire because it: 1) structured WPV conversations, 2) elicited higher quality information from patients, and thus led to more productive discussions. CA of the WPV recordings supported interview findings and demonstrated how these conversations unfolded. The pre-visit questionnaire allowed clinicians to personalize the design of their questions in two ways. These two communication strategies made negative topics easier to discuss and elicited significantly more detail from patients. However, communication suffered when the questionnaire was not reviewed by the clinician in advance. Conclusions: These findings show that clinical infrastructure can promote communication about obesity in primary care. Future work should examine how these findings translate to settings where WPVs may not be available.