

**Submission Id:** 5141

**Title**

*Creation and Use of a Weight-Prioritized Visit Type in Primary Care*

**Priority 1 (Research Category)**

Obesity, exercise and nutrition

**Presenters**

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**Abstract**

Context: PATHWEIGH is a toolset embedded into the EPIC electronic health record to help primary care practices and their teams provide weight management assistance to their patients. One aspect of PATHWEIGH implementation included creation of a new visit type called a “Weight-Prioritized Visit (WPV) Type” (a specific visit type in EPIC). Managing obesity in primary care is often limited to brief advice at the end of the visit, crowded out by the urgency of treating its sequelae. The WPV Type was designed to focus on treating obesity directly. Objective: To examine the WPV Type concept and its implications for practice. Setting/Population Studied: Primary care practices in one Colorado health system (n=57 practices). Established patients with age=>18 years and BMI=>25 in Cohort 1 practices (n=16 practices) were eligible. Practice members were purposefully selected for interviews based on role. Study Design and Analysis: Multi-method including qualitative interviews of practice members (thematic analysis) and electronic health data capture to identify visits where weight management was conducted (WMCV) and visits specifically identified as WPV Types in year 1 of implementation (descriptive statistics). Instrument/Outcome Measures: Semi-structured interview guide including questions about perspectives on weight management, current approaches to weight management, and considerations for tailoring weight management programs to individual clinics; counts of WMCVs and WPV Types. Results: Of 69,363 eligible patients, 9,412 (13.6%) had at least one WMCV during the examination period (March 17, 2021-March 16, 2022). Of these, 227 (2.7%) were scheduled for at least one dedicated WPV Type. Qualitative themes highlighted benefits including time and structure to address weight by framing the conversation in a positive way and having time to discuss detailed personalized treatment plans. The WPV Type also facilitated pre-visit work in the form of a questionnaire, increasing visit efficiency and supporting robust and focused conversation. Challenges included struggles implementing accurate scheduling of WPV Types by the shared centralized call center and determining appropriate visit lengths. Finally, providers identified significant training needs regarding billing and coding for reimbursement. Conclusions: WPV Types appear to enhance the

experience of care for both patients and providing clinicians but require additional study for optimizing implementation.