

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6350

Title

Differential Adoption of a New Approach to Weight Management in Primary Care

Priority 1 (Research Category)

Research methodology and instrument development

Presenters

Jodi Summers Holtrop, PhD, MCHES, Johnny Williams, MPH, Caroline Tietbohl, PhD, MA, Lauri Connelly, MS, Leigh Perreault, MD

Abstract

Context: Weight loss is desired by many patients, but many primary care practices struggle to provide this care. PATHWEIGH is an integrated approach to support primary care practices in delivering evidence-based weight loss care to patients as part of regular health care. It includes modifications to the EpicTM electronic medical record (EMR) for guidance on treatment alternatives, support for provider-patient communication and goal setting, billing and coding support, and a new visit type called a Weight Prioritized Visit (WPV). Implementation strategies to facilitate use include econsults, elearning with CME, a learning community, and more. Objective: To describe the uptake of the PATHWEIGH tools by participant reflections. Study Design and Analysis: Qualitative study. Interviews were conducted and analyzed using thematic analysis, then confirmation of the results with EMR data. Setting or Data Set: Semi-structured interviews conducted with clinicians and staff between February 2021 and October 2023 (N=220). Population Studied: Practice members from 57 primary care practices in one Colorado health system. Intervention/ Instrument: Qualitative interview guide; data gleaned from the EMR on usage of PATHWEIGH components. Outcome Measures: Key themes and adoption groupings. Results: Three groups were identified, including those who were: 1) not routinely providing weight management beyond brief advice, 2) providing weight management but not using PATHWEIGH tools, 3) providing weight management using either the WPV type, the PATHWEIGH tools or both. Differentiating factors included perceptions of weight management, practical barriers, and approaches to delivering weight management. Group 1 often perceived weight management as a patient's personal responsibility and/or experienced significant barriers that hindered adoption. Groups 2 and 3 also had practical barriers but perceived weight management as important to primary care, motivating them to focus on patient needs rather than barriers. Those in Group 2 were either comfortable with their current approach or tried and stopped using PATHWEIGH tools, while Group 3 reported that the tools supported their approach to weight management. Conclusion: Both conceptual and practical factors differentiate clinicians who

adopted PATHWEIGH and those who did not. Addressing these dimensions to improve adoption is important for the improvement of weight management for patients in primary care.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.