



Outcomes from a Certificate Program for Primary-Care Physician Associates & Nurse Practitioners

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Preparing PAs & NPs to incorporate obesity care within their primary care practices.

CURRICULUM

OVERVIEW

MODULES

LEARNING OBJECTIVES

SUMMARY

- Comprehensive & qualitative baseline & post-program assessment of PAs' & NPs' knowledge, skills, competence, & performance
- Dynamic curriculum that supports continuous learning & self-assessment, including hands-on application to practice & behavior change coaching by national subject matter experts
- Ten (10) 1.5-hour clinical consult webinars & ½ day live workshop that engaged learners in active & passive learning
- Ten (10) 1.0-hour coaching sessions designed to help participants transform practice behaviors & improve obesity management in their clinics & health systems
- Monthly office hours with coaches
- 2 PDSA cycles to support practice transformation goals for obesity management
- Key highlights podcast from Obesity Week 2021
- Dynamic program library linking to TOS' obesity journal as well as provider & patient educational resources that support the adoption & integration of obesity management practice goals set forth in this program

Certificate Launched in November 2020; completed in January 2022 (15-months)

- M1 Pathophysiology
- M2 Overcoming Bias
- M3 Screening & Diagnosis
- M4 Foundations of Treatment
- M5 Pharmacotherapy
- M6 Devices & Surgery
- M7 How to Apply Foundations of Care When Obesity Is the Chief Complaint
- M8 Managing Patients with Obesity-related Complications
- M9 Documentation, Billing, & Coding
- M10 Blueprint of Care: Putting it All Together

- Appraise evidence-based lifestyle, pharmacologic, & surgical treatment options for obesity management
- Effectively & routinely screen for obesity, document these data in charts, & develop counseling plans with patients
- Evaluate patients' readiness to make lifestyle changes & support them through the stages of behavior change
- Incorporate evidence-based lifestyle & pharmacologic treatment options as part of an obesity management plan
- Effectively counsel & motivate patients about lifestyle changes & engage patients in shared decision-making
- Develop & implement an office infrastructure to manage patients affected by obesity, including collaboration, consultation, & communication with outsourced dietitians & other obesity services as well as specialists
- Design & implement a sustainable & reimbursable obesity program in their clinical practice setting while developing the practice management & leadership skills required for successful obesity programming

Overall

- 80% of participants completed all requirements for the Certificate Program, notwithstanding the burden of the COVID-19 pandemic on their clinical caseload & work/life balance
- Participants reported the content & materials were very useful & met the Certificate learning objectives, & determined the Faculty were highly effective & engaging, covering the topics in a clear, organized, & balanced manner
- Across all 10 Modules & Workshop**
- Participants reported markedly significant improvement in their accuracy of knowledge (p<.001), with largest effects reported for Mod 1: Pathophysiology & Mod 6: Surgery & Devices
- Participants reported markedly significant increases across all measures of confidence & competence (p<.001) for obesity treatment & management
- Participants reported markedly significant changes (p<.001) in self-reported practice behaviors, & reported significant changes in their own practice with their patients via Chart Audits

OUTCOMES

Participation

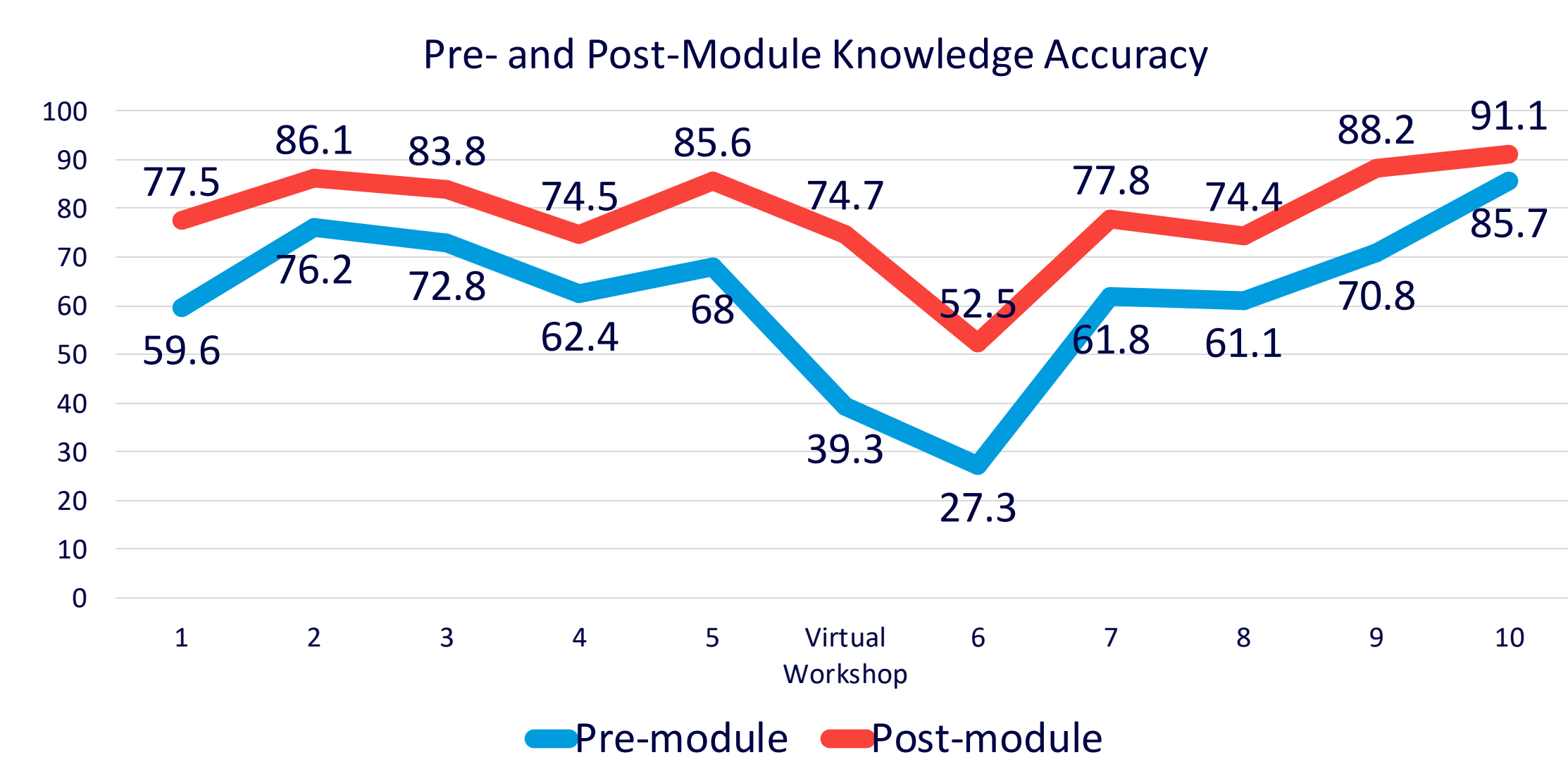
Enrolled: 116 PAs & NPs
Completed: 92 PAs & NPs

At Baseline

- 1/3 reported that they conducted/documented obesity management plan activities in the last 12 months, such as documentation of waist circumference quarterly or prescribing anti-obesity medication(s) for their adult patients with obesity.
- Participants reported 40% or more of their clinical caseload is adult patients affected by obesity.
- <1/2 reported being confident in their communications with patients about weight/obesity issues.
- 1/2 agreed that pharmacotherapy should be discussed and integrated early in the treatment of obesity.
- 2/3 reported lacking confidence in aspects of obesity management, such as structuring patient visits for obesity management and properly documenting time in counseling and education on obesity to support using time for billing.
- 2/3 reported half the time or less integrating guidelines, behavioral modification, or pharmacotherapy into an obesity treatment plan.
- 3/4 reported a bias for thin people. (Harvard IAT)

Knowledge

Module	Knowledge Gain	
	Pre	Post
M1 Pathophysiology	59.6	77.5
M2 Overcoming Bias	76.2	86.1
M3 Screen & Diagnosis	72.8	83.8
M4 Foundations of Treatment	62.4	74.5
M5 Pharmacotherapy	68.0	85.6
Virtual Workshop	39.3	74.7
M6 Devices & Surgery	27.3	52.5
M7 How to Apply Foundations of Care ...	61.8	77.8
M8 Managing Patients with Obesity-related Complications	61.1	74.4
M9 Documentation, Billing, & Coding	70.8	88.2
M10 Blueprint of Care: Putting It All Together	85.7	91.1



Competence

Areas of Practice	Confidence Gains			
	Pre	Post	p	d
Communicating a diagnosis of obesity in a balanced manner that facilitates open discussion with my patients	3.42	4.33	**	L
Recognizing that the discussion with my patient regarding obesity is not going well, identifying the barriers, & redressing the situation	2.97	4.07	**	L
Integrating person-first language in my communications	3.01	4.33	**	L
Assessing patient readiness to engage in an obesity management plan	3.19	4.18	**	L
Describing appetite control & energy balance regulation & the dysregulation that occurs in obesity	2.37	4.10	**	L
Describing the psychological & physical effects of internalization of weight bias, stigma, & discrimination for the patient & the clinician in the management of obesity	2.27	4.12	**	L
Developing an individualized treatment plan based on a patient's obesity-related complications & comorbidities	2.60	4.18	**	L
Applying behavioral interventions in the treatment of obesity	2.47	4.01	**	L
Selecting an appropriate medication based on patient characteristics & comorbid conditions	2.38	4.20	**	L
Identifying patients who might be appropriate candidates for referral for surgery or devices	2.74	4.25	**	L
Overcoming barriers to treatment of obesity (e.g., language, cultural, financial, administrative)	2.42	3.77	**	L
Designing a long-term management plan for obesity based on the chronic & progressive nature of the disease	2.26	3.94	**	L
Structuring patient visits for obesity management, relative to comorbidities & in consideration of practice realities (e.g., time, patient adherence)	2.32	4.02	**	L
Properly documenting time in counseling & education on obesity to support using time for billing	2.12	4.00	**	L

Confidence was measured on a 5 point scale from not at all to very confident
** p<.001 with a 1-tail test
d= Cohen's d, a measure of effect size; L= large effect size

Performance

Areas of Practice	Performance Gains			
	Pre	Post	p	d
Reliably assess patient's comfort and agreement with obesity treatment plan	3.35	4.29	**	L
Discuss all foundations of obesity management with my patients, including nutrition, pharmacotherapy, physical activity, and surgical interventions/devices	2.95	4.02	**	L
Integrate guidelines for obesity treatment and management into my patient treatment plan	3.12	3.98	**	L
Refer patients to specialists to support comprehensive obesity management	2.69	3.87	**	L
Integrate pharmacotherapy into an obesity management plan	2.61	3.83	**	L
Initiate appropriate pharmacotherapy early in the obesity management plan according to clinical practice guidelines	2.35	3.82	**	L
Integrate physical activity counseling into an obesity management plan	3.65	4.35	**	M
Integrate nutrition counseling into an obesity management plan	3.50	4.29	**	M
Discuss and document a follow-up plan specific for obesity (e.g., scheduling next visit, planning for unexpected outcomes)	3.31	4.18	**	M
Identify and set collaborative treatment goals with my patients	3.15	4.06	**	M
Integrate behavioral modification/motivational interviewing into an obesity management plan	3.01	3.99	**	M
Reliably assess, diagnose, and document obesity in health record/EHR	3.73	4.25	*	S

Frequency was measured on a 5 point scale 1=never, 2=rarely, 3=half of the time, 4=usually, 5=always
** p<.001 with a 1-tail test * p<.001 with a 1-tail test
d= Cohen's d, a measure of effect size; L= large effect size

116 clinicians enrolled in the certificate program and 92 completed the program including all assessments.

Participants significantly improved their accuracy in knowledge across all modules.

Participants improved their confidence at the end of the program.

Participants increased how often they perform select practice behaviors at the end of the program.