OBESITY MANAGEMENT IN PRIMARY CARE CERTIFICATE PROGRAM:
A Practice Management & Leadership Training Program for PAs and NPs

INSTRUCTIONS:

Please pull reports from the electronic health record (EHR) system or other management system that is used in your practice setting, and enter the following information:

# of patients ≥18 years old with a BMI ≥ 30 with a follow-up plan	# of patients with a BMI ≥30

Please identify five (5) patients from your caseload whom you have treated and managed in the last 12 months, and who meet the following criteria:

Inclusion Criteria:
- Age ≥25 years
- BMI ≥30
- At least 2 clinic encounters in the past 12 months
- Include at least 1 patient who has previously declined discussing obesity management, or who has not followed through with previous nutrition or physical activity recommendations

Exclusion Criteria:
- Patient has received a diagnosis that is considered terminal within 6 months from the current date
- Patient is receiving palliative care
- Patient is pregnant
- Patient is elderly (65 or older)
- Patient weight reduction/weight gain would complicate other underlying health conditions, such as:
  - Physical illness or disability
  - Mental illness, dementia, confusion
  - Nutritional deficiency, such as vitamin/mineral deficiency

Please provide information on your 5 selected patients. Please **enter a patient ID** (number or alias) for your selected patients in order to protect their identity. You should **choose a patient ID that cannot be used to identify the patient** (i.e., no real names or DOB).

At the completion of this program, you will be asked to provide information on 5 selected patients again. You will have two options: (a) you can select 5 unique patients; (b) you can update the information for the same 5 patients whom you identify here. You may wish to make a note of the ID you use for your reference at the completion of the program.

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Patient ID name/number:					
Date of last visit:					
Patient gender:					
Patient year of birth:					

Chart Abstraction Template

With respect to the 5 patients you have selected, please respond to the following questions:

Please indicate if the following was completed for each patient in the past 12 months:	Patient 1		Patient 2		Patient 3		Patient 4		Patient 5	
	Y	N	Y	N	Y	N	Y	N	Y	N
2. Assessed weight history and related family history										
3. Documented BMI at patient's *last* visit										
4. Measured and documented height										
5. Documented waist circumference quarterly										
6. Documented neck circumference at patient's *initial* visit										
7. Assessed factors contributing to weight gain										
8. Assessed sleep and stress										
9. Assessed obesity-related complications and comorbidities										
10. Assessed physical activity										
11. Assessed nutrition										
12. Ordered appropriate lab tests										
13. Identified obesogenic medications that are being used										
14. Used educational material to counsel patient										
15. Discussed all the obesity treatment options including nutrition, physical activity, pharmacotherapy, and surgery/devices										
16. Developed and implemented nutrition plan										
17. Developed and implemented physical activity plan										
18. Prescribed an anti-obesity medication(s)										
19. Set SMART (Specific, Measurable, Achievable, Realistic, Time-bound) goals with plan										
20. Documented a follow-up plan										
21. Scheduled regular follow-up appointment specific to obesity management										
22. Follow-up appointment occurred										

23. If you answered "Yes" for #14, which educational materials have you used to counsel your patients?

Patient 1:	
Patient 2:	
Patient 3:	
Patient 4:	
Patient 5:	

24. If you answered "Yes" for #18, which anti-obesity medication(s) have you prescribed?

Patient 1:	
Patient 2:	
Patient 3:	
Patient 4:	
Patient 5:	

25. If you answered "Yes" for #20, provide a summary of follow-up plan for each patient:

Patient 1:	
Patient 2:	
Patient 3:	
Patient 4:	
Patient 5:	

26. If you answered "Yes" for #21, how often did you schedule a regular follow-up appointment for obesity management? [*select one for each patient*]

	Once a month	Every 3 months	Twice a year	Annually
Patient 1:				
Patient 2:				
Patient 3:				
Patient 4:				
Patient 5:				

You have now completed all three steps of the reflection exercise. Thank you for participating!