

Continuing Provider Education on Obesity

A Panel Review of Existing Programs

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Abstract

Obesity rates have increased dramatically among both adults and children over the past few decades. If provided with the proper knowledge and skills, primary health care providers may be effective in helping to reduce obesity rates. In an effort to identify and to evaluate existing continuing medical education (CME) and continuing education (CE) programs that address obesity for primary care providers, 12 programs were identified for review by a national expert panel. The programs were reviewed in regard to 7 areas: 1) nutrition, 2) physical activity and 3) behavior change; as well as 4) educational value, 5) practicality for use in provider settings, 6) evidence of efficacy, and 7) overall value. The sections below summarize the methods used in this review, general observations, features of an ideal obesity CME/CE program determined by expert panel members.

Executive Summary

Need for High Quality Continuing Education. Greater attention to obesity treatment and prevention by primary care providers may prove to be an important component of a more comprehensive approach to combating the epidemic of obesity. However, evidence suggests that many primary care practitioners lack information on how best to address the problem. This situation creates a need for high-quality continuing medical education (CME) aimed at changing provider, and ultimately patient, behavior. More broadly, continuing education (CE) could be useful to the variety of health care professionals who will add to the effort to combat obesity, including dietitians, nutritionists, and health educators. Yet, despite the appeal of CME/CE, care must be exercised to ensure that the programs offer sufficient, demonstrable cost-effectiveness in modifying both practice and patient behavior before large-scale adoption. For this reason, the Robert Wood Johnson Foundation requested that we catalogue and conduct a preliminary evaluation of CME/CE curricula that are currently available for health care providers to address obesity treatment and prevention for patients in primary care settings.

Panel Review Methods. A poll of leading US researchers and clinicians identified 13 CME and CE programs, of which 12 submitted materials for review. Contributors were assured that the reviews of their programs would not be

revealed to outsiders except as aggregated summaries. The nationwide poll also identified 14 expert reviewer panelists, who rated the 12 programs on clarity and completeness of information about 1) nutrition, 2) physical activity and 3) behavior change; as well as 4) educational value, 5) practicality for use in provider settings, 6) evidence of efficacy, and 7) overall value. Every effort was made to avoid any conflicts of interest in the review process. Only 4 of the 12 programs provided sufficient evidence to evaluate quality and value, or to support a conclusion or recommendation. Most of the programs were judged by panelists to lack sufficient data on evaluation or to judge evidence of program efficacy in modifying both provider and patient behavior. The list of panelists and reviewed CME/CE programs are attached to this report.

General Observations

- Six of the 12 programs had content directed to health care of children, and of these, only 2 had enough information to be assessed completely.
- All programs had excellent features, and panelists recommended adopting portions of each. In light of this recommendation, an "ideal CME/CE program" appears on the next page.
- Frequent problems in CME/CE for this topic are summarized at the end of the report. In particular, the following issues need more attention among CME/CE program developers:
 - cultural, economic and ethnic disparities
 - societal bias (and *provider bias*) against obesity as a barrier to care
 - weight maintenance
 - the metabolic health benefits of weight loss, addressing evidence that lowering weight *changes* risk factors, and the beneficial effects of even small behavior changes
 - how to motivate people to lose weight and maintain loss
 - patient self-management
 - outcomes-based evidence related to time and effort of practitioner and staff
 - community resources, support systems and barriers
 - family-based approaches and the role of the family in promoting and maintaining weight loss
 - incorporating obesity treatment into the reality of primary care practice

Features of an Ideal CME/CE Program (based on reviewer recommendations)

Essential Area 1 - Nutrition

- Up-to-date readings (journal articles, reference lists and professional resources), case studies and questions that are well-coordinated and focused, providing strong scientific and practical content
- Extensive coverage of the conditions and assessment methods of overweight and obesity, eating patterns and food preferences, restricting caloric intake, psychosocial risks of eating disorders, as well as discussion of healthful eating

- Advantages/disadvantages of different popular weight loss programs
- Internet resources for assessing calories and promoting weight loss

Essential Area 2 - Physical Activity

- Modeling and role-playing exercises in training sessions, so that providers are more likely to learn skills
- Discussion of the importance of family and school involvements in promoting an active lifestyle, including specific strategies for how to accomplish increased physical activity and/or reduced television, computer, or other sedentary time
- Inclusion of accepted guidelines, a summary of research, patient handouts and patient assessment forms that are regionally, culturally, ethnically, age and literacy-level appropriate
- Emphasis on the importance of physical activity throughout the CME program, integrated into each topic area, and discussion of how activity is necessary to maintain weight

Essential Area 3 - Behavior Change

- Strong emphasis on principles of behavioral management, including skills training with functional analysis of behavior, motivational interviewing, and leading groups; assessment of these skills and feedback during role-playing exercises
- Emphasis on the provider conveying that weight loss requires a partnership approach between patient/provider or child/parent/provider
- Emphasis on importance of goal setting and monitoring/follow up with systems support (as part of a comprehensive self management program)
- Attention to the appropriateness of language used at a level to talk to patients about obesity and approaches to it
- Behavior change clearly linked to the transtheoretical model, with specific recommendations provided for each stage
- Emphasis also on behavioral principles necessary for maintenance of behavior change
- Benefits and tools to measure health outcomes
- Benefits of links to community services and support

Essential Area 4 - Educational Value

- Free, web-based programs that are easy to navigate, that allow the participant to move 'back' in the progression to review a previous section and to select imbedded links to other websites and reference materials for further reading
- Training objectives that are clearly outlined and very comprehensive
- Strong emphasis on evidence-based practices
- Clearly outlined and stated learning objectives by specific category
- Adaptable for other audiences (e.g., nurses, dietitians, counselors, etc.)

- Pre- and post-tests and participant evaluation forms, in particular to identify future activities that participants will implement in their practices
- Quality support materials (handouts, charts, etc, for patients) that are regionally, culturally, ethnically, age and literacy-level appropriate and in an easily accessible format, categorized and connected to specific objectives of the program
- Links, references and referrals to other existing CME programs

Essential Area 5 - Practicality, Use in Provider Settings

- Extensive “how to” information that outlines procedures for assessment, strategies, and problem-solving methods for each learning objective or module of the program (i.e. physical activity, nutrition, behavior and social changes)
- Address office systems approaches
- Self-tests to review what is learned in each module
- Easily accessible
- Integration of other disciplines (e.g., nursing, nutrition) into treatment teams

Essential Area 6 - Efficacy

- Assess whether the course: 1) improves attendees’ knowledge of obesity and its treatment; 2) increases attendees’ skills in the assessment or treatment of obesity; 3) changes attendees’ practice behaviors; or 4) improves the behaviors and outcomes achieved by patients
- Assess whether pediatric and adult obesity topics require different curricula, and if each of these types of programs may need to further break down treatment and prevention of obesity in both of these populations; examine whether it is feasible or practical for one CME course to attempt to address the complex health issues of obesity and overweight