

Provider Comfort & Knowledge of Pediatric Obesity Comorbidity Screening

BACKGROUND

Screening for comorbid conditions in patients with obesity at outpatient preventative visits is suboptimal. Prior quality improvement data at this institution² demonstrated that obesity comorbidity screening for diabetes, non-alcoholic fatty liver disease, and dyslipidemia with the recommended labs is low.

This study aimed to evaluate:

- Percentage of pediatric providers who are aware of recommendations for screening labs
- 2. Perceived barriers to ordering recommended labs for pediatric patients with a BMI \geq 95th percentile
- 3. Provider comfort addressing obesity with patients

METHODS & RESULTS

- Cross-sectional survey study with Qualtrics
- Online questionnaire to general pediatricians ("attendings") and pediatric residents ("residents") at a single institution
- Survey consisted of 13 multiple choice questions and a qualitative comment text box
- Survey responses were anonymous and categorized as either attending or resident responses
- Data were analyzed using percentages
- Survey was sent to 52 attendings (29 responses) and 43 residents (32 responses)
- 83% of attendings and 56% of residents are aware of the current recommended screening labs for patients with obesity
- 62% of attendings and 22% of residents felt they were comfortable discussing weight with an *obese* pediatric patient
- 97% of attendings and 41% of residents felt comfortable discussing weight with an *underweight* pediatric patient
- Main barriers to discussing weight included: patient readiness, family dynamics, and lack of time in an office visit
- 59% of attendings and 59% of residents felt they did not have adequate training to discuss obesity with patients
- **69%** of attendings and **94%** of residents reported being more likely to obtain obesity screening labs with additional electronic health record (EHR) tools

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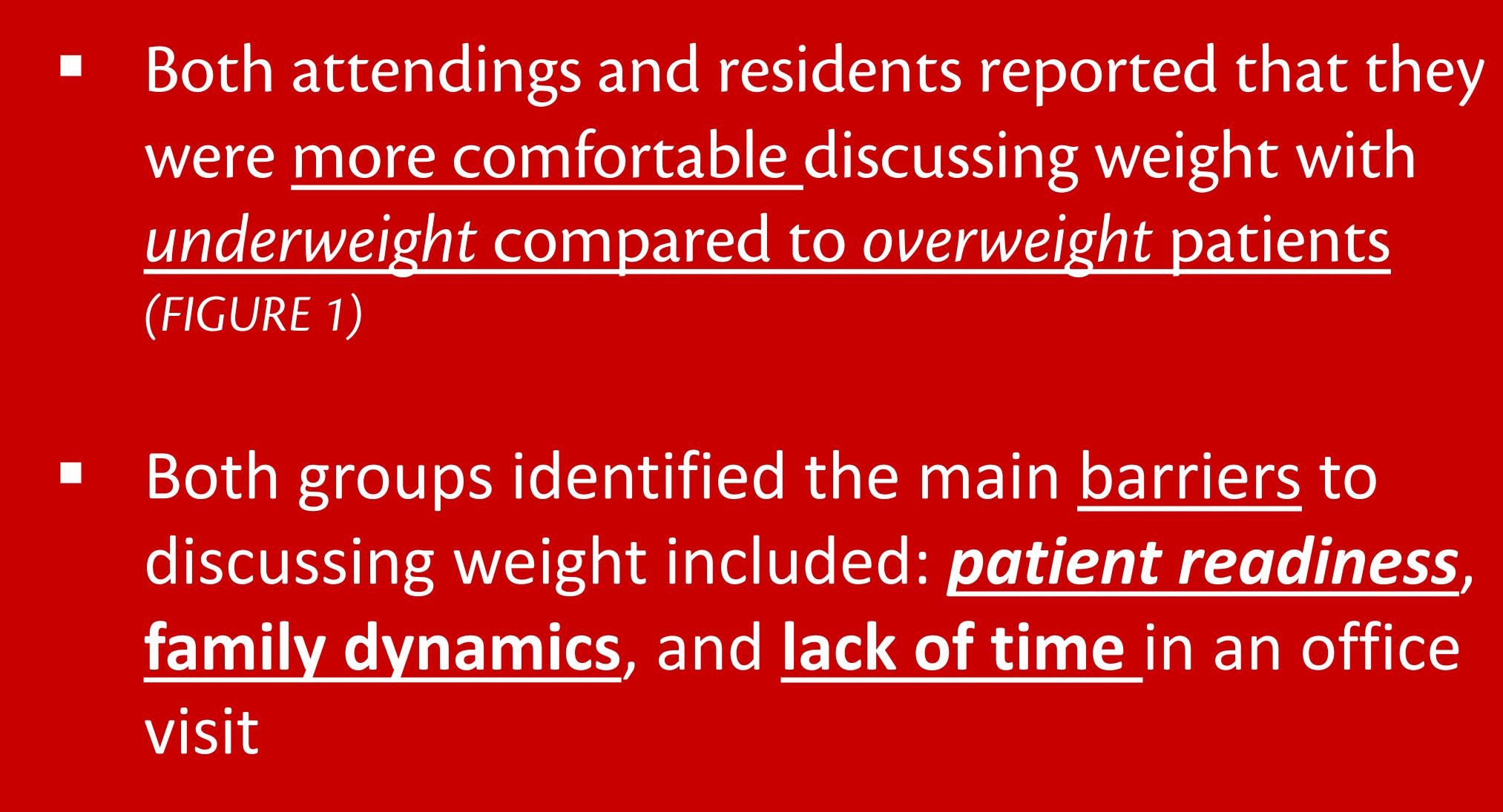
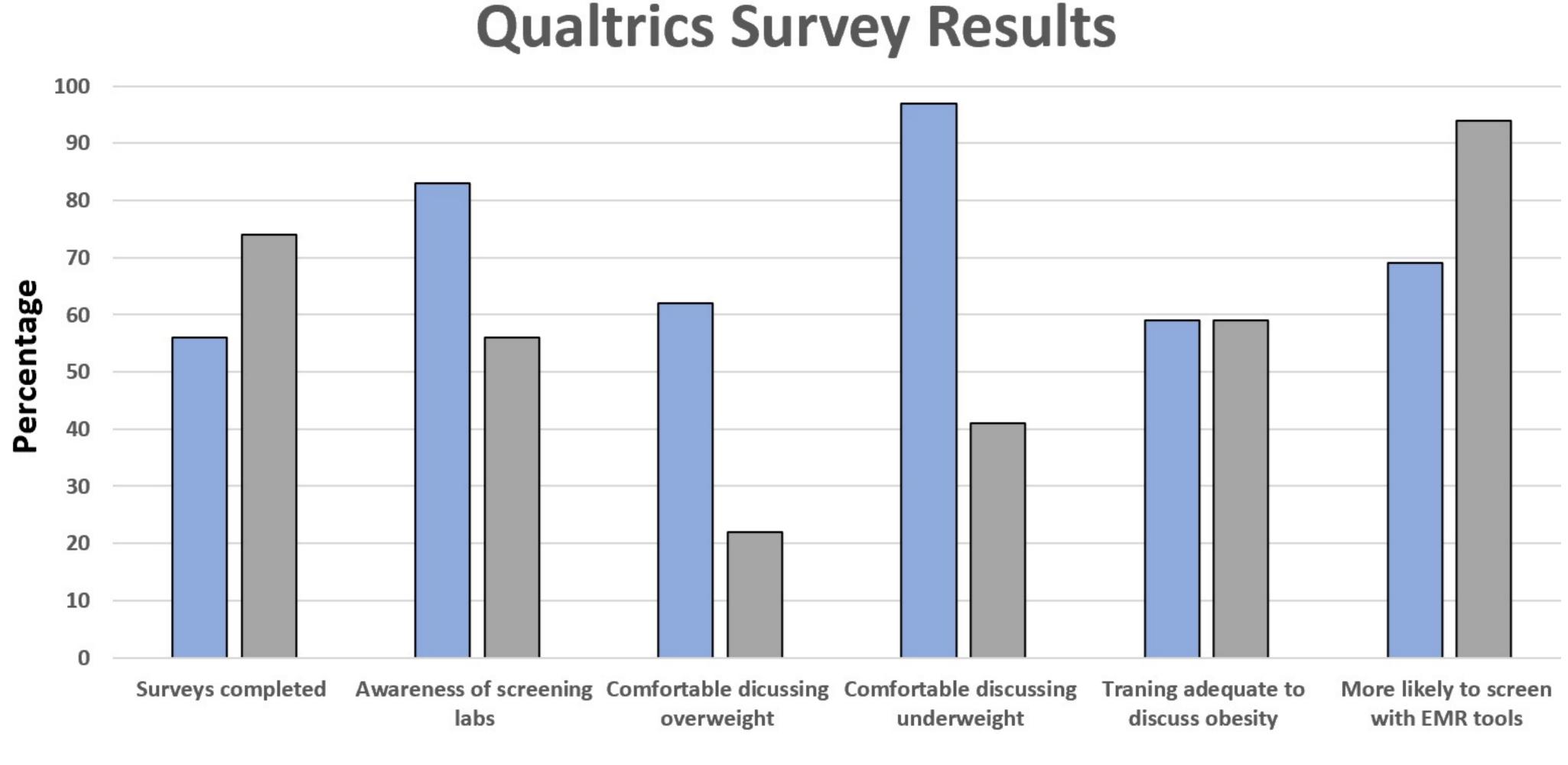


FIGURE 1



Attending

- Provider education about appropriate screening labs Increased training to enhance the discussion of obesity with patients EHR tools to streamline lab ordering for obesity comorbidities Next steps include:

- Simplifying ordering of screening labs Investigating methods to increase provider comfort with discussion of weight for patients with obesity

ADDITIONAL KEY INFORMATION

Comorbidities of Obesity: ^{1,3}

- Dyslipidemia Insulin Resistance Hypertension Non-Alcoholic Fatty Liver Disease

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CONCLUSIONS

Findings suggest an opportunity for:

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