This study aimed to evaluate:

- Labs is low.
- Fatty liver disease, and dyslipidemia with the recommended obesity comorbidity screening for diabetes, non-alcoholic fatty liver disease, and dyslipidemia with the recommended labs is low.
- Improvement data at this institution is suboptimal.
- Screening for comorbid conditions being more likely to obtain obesity screening labs.
- Additional electronic health record (EHR) tools to streamline lab ordering for obesity comorbidities.
- 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.

**Provider Comfort & Knowledge of Pediatric Obesity Comorbidity Screening**

**Nelson C, Colvin S, Brichta C, Jain S, Shadman K, Marten K**

University of Wisconsin School of Medicine and Public Health, Department of Pediatrics

**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 overweight pediatric patient
- Main barriers to discussing weight included: patient readiness, family dynamics, and lack of time in an office visit
- 55% 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

**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 overweight pediatric patient
- Main barriers to discussing weight included: patient readiness, family dynamics, and lack of time in an office visit
- 55% 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

**BACKGROUND**

Screening for comorbid conditions in patients with obesity at outpatient preventative visits is suboptimal. Prior quality improvement data at this institution 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:

1. 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 ≥ 95th percentile
3. Provider comfort addressing obesity with patients

**Survey responses were anonymous and categorized as either attending or resident responses.**

Data were analyzed using percentages either attending or resident responses.

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 overweight pediatric patient.

Main barriers to discussing weight included: patient readiness, family dynamics, and lack of time in an office visit.

55% 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.

Both attendings and residents reported that they were more comfortable discussing weight with underweight compared to overweight patients (FIGURE 1).

Both groups identified the main barriers to discussing weight included: **patient readiness, family dynamics, and lack of time** in an office visit.

**COMDITIONS**

**Findings suggest an opportunity for:**

- 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.

**FIGURE 1**

**Qualtrics Survey Results**

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Survey completed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attending</th>
<th>Resident</th>
</tr>
</thead>
</table>

**Author Contact:**

Camilla M. Nelson: cnelson@uwhealth.org
Shane F. Colvin: scolvin@uwhealth.org

**Acknowledgements:**