Background
One third of Ohio’s third grade children are overweight or obese. In 2010, the Ohio Legislature passed the Healthy Choices for Healthy Children Act to address the high prevalence rates of obesity in the State. The law required annual body mass index screening in schools, raising the need to build capacity for follow-up care. In response, the Primary Care Obesity Network (PCON) was established.

PCON’s goal is to implement evidence-based obesity care by establishing a sustainable multi-sector collaboration between primary care practices, a tertiary care obesity center and community organizations to address childhood obesity in Central Ohio. In 2013, the Prevention Plus program was piloted with the goal of creating a Patient Centered Medical Neighborhood (PCMN) for all patients in the practice.

Objective
To describe the implementation, lifestyle behaviors and anthropometric outcomes of the Primary Care Obesity network (PCON).

Methods
Physician practices were identified and recruited from Nationwide Children’s Hospital-affiliated community clinics and community-based private practices. The PCON steering committee consisted of leadership from the tertiary care Center, physician leads from the hospital and community practices, allied professionals (e.g., dietitian), and hospital senior level administrators.

A change packet was developed based on the 2007 AMA Expert Committee recommendations. Based on need, clinics were assigned as a Stage 1 (PCP alone) and Stage 2 (PCP and dietitian) practices.

Training included an annual 3-4 hour training, supplemented by webinars and office lunch sessions. Clinic administrators were involved in the change process. Using a combination of electronic health records and data abstraction, patients’ weight, height, lifestyle behaviors, dietitian billing, and utilization rates were tracked.

Discussion
Patients who returned to the network showed a decrease in BMI z-score. Further analysis is being conducted to explore differences between hospital and community clinics, as well as those between Stage 1 and Stage 2 clinics. The PCON experience is an innovative approach to translating all of the expert committee stages of care into practice within a community.

Results
Over 18 months, 33 healthcare providers were trained in 8 hospital-affiliated clinics and 11 community clinics. Eight practices have Stage 1 programs (PCP alone), while 11 practices have Stage 2 programs (PCP and dietitian).

Since 2012, 1,085 patients have been seen for a total of 2,108 visits. Forty-five percent (n=488) of patients completed at least two visits.

Reduction in BMI-z score was greater in hospital-affiliated practices compared with community practices (Figure 3) and 60% maintained or decreased their BMI.

In the community clinics, of those who reported drinking soda “everyday” or “several times/week” at baseline, 64% reported reduced intake by visit 2. Of those who reported exercising “less than 3 days/week” at baseline, 65% increased exercise by their second visit. Data for hospital-affiliated clinics are not currently available for analysis.

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