

# Sustainability of the Parenting at Mealtime and Playtime Program

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## Introduction

**The Parenting at Mealtime and Playtime (PMP) Program:**

- is a Quality Improvement (QI) program delivered over 6-7 months that occurred in “waves”
- sought to increase documentation of obesity-related health risk assessments at Well Child Checks (WCC) birth to age 5 years and to prevent childhood obesity via early intervention
- consisted of a series of interactions between the PMP team and participating practices

**Early Sustainability Results:**

- looked at documentation rates of Wave 1 and 2 practices 6 and 12 months post-collaboration using self-reported data
- showed increased frequency of documenting all obesity risk assessment measures at 6 and 12 months post-program vs. baseline but lower rates than final month of the program
- demonstrated the need to explore the sustainability of this program 24 months post-program at busy pediatric practices

## Objectives

1. To compare the overall documentation rates during and prior to the program to those up to 24-months post-program
2. To compare patients’ weight trends in the various stages of PMP to determine if PMP had any effect on weight trend, with a goal of increased percentage of Positive BMI Trends post-program

## Acknowledgements

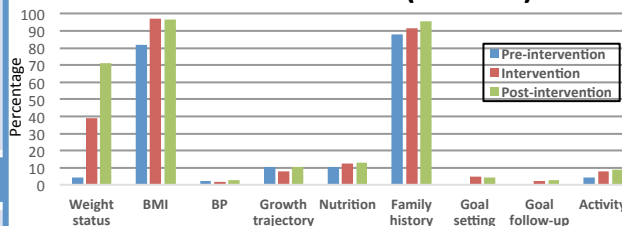
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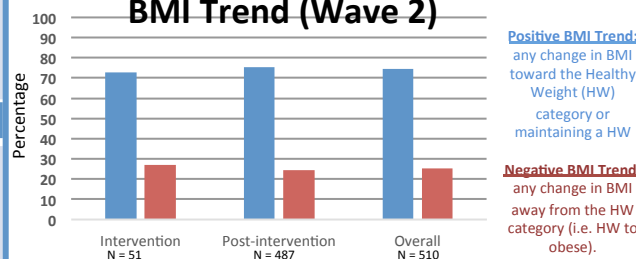
## Methods

- Four of the eight Wave 2 practices agreed to participate.
- Three trained data collectors traveled to participating practices to perform retrospective chart review on a randomly selected cohort of patients from each practice.
- All available birth to 5 year WCCs were reviewed for each patient. WCCs that occurred during and after the PMP collaborative were reviewed for all PMP process measures and anthropometrics.
- Data was collected 24 months after the practice participation.

### Documentation Rates (Wave 2)



### BMI Trend (Wave 2)



## Results

- Documentation rates for weight status, nutrition, family history, goal follow-up, and activity all had increased documentation rates from pre-intervention to intervention and from intervention to post-intervention.
- BMI and goal setting increased from pre-intervention to intervention and stabilized at the same rate from intervention to post-intervention.
- When comparing BMI Trends of 3-5 year-olds pre-intervention to intervention, 72.8% of patients had a positive BMI Trend and 27.2% had a negative BMI trend. 75.5% of BMI Trends from pre-intervention to post-intervention were positive and 24.5% were negative. Overall comparisons between all time points yielded 74.7% with a positive BMI Trend and 25.3% with a negative BMI Trend.

## Discussion

- Overall, the majority of the obesity-related health risk assessments were increasingly documented by providers during the PMP collaboration and were either maintained or documented at a higher rate up to 24 months post-collaboration.
- This demonstrates that physicians continued to implement the information taught in PMP after the collaboration ended, indicating that PMP is sustainable in busy pediatric practices.
- However, only documentation of BMI and family history reached the desired 95% documentation rate and maintained at that rate.
- Positive BMI Trends (72.8%) were noted from pre-intervention to intervention with further improvement (75.7%) post-intervention. This suggests movement toward the HW category.
- A weakness of this data could be that it is a randomized population and not a longitudinal examination of a patient cohort.