Final Report: Analyzing Clinical Resources for Serving Patients with Pediatric Obesity and Metabolic Syndrome

Sofia Aiello, Shamaya Horsley, & Katie Harris Murphy
Faculty Mentor: Lavon Medlock, M.S.
Project Sponsors: Dr. Charlene Lai, & Dr. Henry Lin
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Executive Summary

Introduction

Children who struggle with obesity management and metabolic syndrome do not have consistent access to resources to help manage these conditions. Pediatric clinics that specialize in helping with these conditions encounter challenges in maintaining organized clinical structures and making sure a child is supported for all their health needs. Between the Department of Internal Medicine and the Department of Pediatrics at Oregon Health & Science University (OHSU), four clinics focus on providing care to patients with pediatric obesity. These clinics include the Health Lifestyles Clinic (CDRC & Division of General Pediatrics), Lipid Heart Clinic (Division of Cardiology), Type 2 Diabetes Clinic (Department of Internal Medicine), and the Prediabetes Clinic (Division of Endocrinology). These clinics have a common purpose in improving the health of pediatric obesity patients, but there is an opportunity to streamline communication and collaboration between them. The clinics could use additional resources and support outside of clinical structures that include additional dietitian support, physical activity educators, mental health support, diabetes educators and care coordinators. This capstone project is aimed to help identify current OHSU resource allocation for the departments that serve pediatric obesity patients.

Methods

The approach for this project was based on a thorough analysis of how the current clinical structures were set up in other pediatric clinics that specialize in pediatric obesity and metabolic syndrome. Research included interviewing pediatricians with an obesity focus who practice in Oregon, Washington, Colorado, and Minnesota. Secondary research was conducted via scholarly resources. By analyzing how other external pediatric clinics in the broader U.S are serving pediatric obesity patients, this research gave insight into identifying potential resource allocation.

Findings

After interviewing 10 pediatric obesity clinics, insight into individual clinic processes and areas of improvement were identified. During these interviews, clinics were asked structured questions to help better understand the patient populations they served, clinical structures, referral processes and social determinants of health. After these interviews, the findings were synthesized into common trends. Patients experienced barriers with language access, financial stability, reliable transportation, and complicated family situations. Referral pathways and specialty availability were common concerns to the clinics in the interviews. Clinics shared about the specialties they treated, the specialties they referred out to other clinics, how their referrals were processed, their no-show rates, and their waiting list data. Improved communication between the clinics was a common need as well. Improved communication will help identify overlaps, referral pathways, and resources needed.

Analysis

To summarize the findings, Boleman's Four Frames was used to identify the organization's areas of efficacy through different perspectives. This analysis reveals that there are some areas of opportunity. The Four Frames include the structural frame, the human frame, the political frame, and the symbolic frame. The structural frame looked at departmental organization, referral processes, and current resource allocation. The human frame looked at identifying the individual's needs. Social determinants of health like language barriers, family support, medical insurance and nutrition availability were identified. The

political structure addressed strategies and stakeholders. Finally, the symbolic frame offered opportunities to enhance the shared purpose of improved health outcomes.

Recommendations

The following recommendations were used in identifying short-term and long-term changes that could improve communication and collaboration between the internal OHSU pediatric serving clinics. These recommendations identified areas of overlap and areas of improvement. The first recommendation addresses food insecurity screening and access to resources through referrals. Having a process for sharing and connecting patients with these resources could provide a benefit for the patient. The second recommendation looks at the benefits of establishing a parent support program to enhance parent's knowledge of their children who live with pediatric obesity. This program can create a community and supportive environment for better nutrition and lifestyle choices. The third recommendation considers clinic workflow and staffing. When interviewing the clinics, the majority mentioned the need for additional dietician support, additional diabetes educator and nursing support and the need for additional care coordinators. Utilizing electronic intake forms was seen as a valuable tool in freeing up staff time and allowing the patient to have more time interacting with clinic staff. These staff then had more time to follow up, creating more patient touch points. The fourth recommendation addressed the need for enhancing communication between the different pediatric obesity serving clinics. This recommendation identified areas of overlap between the clinics, referral processes and communication between the clinics. These recommendations will aid divisions in improving the patient's quality of care by improving the resource allocation collectively.

Next Steps

Next steps to implementing these recommendations require establishing communication between the clinics. Designating a contact between the clinics would aid in accountability and continual communication. Bringing together the leaders of the clinics to form a leadership council will establish a mechanism for identifying the overlap in services, expertise, resources and support needed for the short-term to long-term goals.

Limitations

Limitations to this project include cross-departmental investment. The divisions may not have the capacity to spend money on the long-term recommendations but have an opportunity to expand on the short-term recommendations to provide stability for patient care.

Conclusion

In conclusion, the current resource allocation for patients with pediatric obesity is complex and challenging. By embracing these recommendations, pediatric clinics can work to achieve greater equity, accessibility, and quality in their workflows. Overall, through these strategic interventions pediatric healthcare systems can evolve to better meet the needs of their diverse patient populations, working towards a future where every child receives the comprehensive care they deserve.