Implementing Obesity Management Guidelines in Rural Primary Care

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Place: Rm 1 - Seton

Abstract

Problem: In the United States, obesity is one of the leading causes of death among Americans and rates of obesity continue to rise. Geographic location significantly affects the number of obesity cases, with rural areas being affected more so than other locations. Despite this, obesity continues to be undertreated by primary care providers.

Method: This quality improvement (QI) project utilized a descriptive, observational design to evaluate the implementation of an evidence-based clinical practice guideline algorithm for obesity management in a rural primary care clinic. The healthcare provider implemented the algorithm on patients aged 18-60 years and with a BMI of at least 25 kg/m². Based on the patient’s BMI, appropriate treatment was provided utilizing the algorithm. There were two BMI categories with associated treatments: BMI of 25 to 29.9 kg/m² or BMI of at least 30 kg/m². Data collection occurred from January 2023 to April 2023.

Results: A total of $N = 348$ eligible patients seen by the APRN aged 18 to 60 years with a BMI of at least 25 kg/m². Of the 348 patients, 27% ($n = 94$) of patients had a BMI of 25 to 29.9 kg/m² and 73% ($n = 254$) had a BMI of at least 30 kg/m². The provider utilized the algorithm among 74% ($n = 257$) of patients. Of the 94 (27%) patients with a BMI of 25 to 29.9 kg/m², 66% ($n = 62$) of patients were provided treatment. Of the 254 (73%) of patients with a BMI of at least 30 kg/m² who met obesity diagnosis, 76% ($n = 195$) of patients were provided treatment.

Implications for practice: This QI project demonstrated a feasible and cost-efficient method for the enhancement of clinical practice change within rural primary care. Utilization of the obesity management algorithm by the provider impacted patient treatment plans.

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