



**Call for Applications:**  
**2022 Pediatric Weight Management ECHO and Quality Improvement Initiative**

Tufts Health Plan, Care Transformation Collaborative of Rhode Island (CTC-RI) and PCMH Kids are pleased to offer 11 primary care practices the opportunity to apply for funding to participate in a 12-month Pediatric Health Initiative: “Improving Population Health and Addressing Health Disparity for Pediatric Weight Management by Optimizing Integrated Care”, funded by Tufts Health Plan. Outlined below is the Pediatric Weight Management ECHO and Quality Improvement “[Call for Applications](#)” for interested pediatric/family medicine primary care practices.

**Please note: CTC-RI is releasing another call for applications for an Asthma ECHO and Quality Improvement Initiative (for pediatric and adult practices). If practices are interested in learning more information about this opportunity in order to better assess their capacity to respond to this call for applications, please email [ctc-ri@ctc-ri.org](mailto:ctc-ri@ctc-ri.org)**

**Introduction**

CTC-RI and PCMH Kids are pleased to offer a Pediatric Weight Management ECHO Learning Collaborative to improve population health for children who are overweight/obese by optimizing behavioral health efforts and interventions by the pediatric integrated care team. The recommended behavioral treatment for childhood obesity is family-based treatment with a minimum of 26 contact hours<sup>1</sup>. Such programs do exist in RI, but there are waitlists, and not all families can avail themselves of this type of intensive treatment. This project aims to provide education and training to both practices who have an integrated behavioral health clinician on their team, and practices who do not have a clinician integrated into the practice, so both types of practices will be better equipped to intervene and positively impact children with these concerns.

**Background**

According to RI KIDS COUNT data, as of 2019, 26% of RI children ages 2-4, and 38% of children between ages five and 17 are either overweight or obese. In addition, rates of being overweight or obese are higher in Black and Hispanic children. Compared to children with commercial insurance, children with public insurance have higher rates of being overweight as well<sup>2</sup>.

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<sup>1</sup> (American Psychological Association, Clinical Practice Guideline Panel. (2018). Clinical practice guideline for multicomponent behavioral treatment of obesity and overweight in children and adolescents: Current state of the evidence and research needs. Retrieved from <http://www.apa.org/obesity-guideline/obesity.pdf>)

<sup>2</sup> RI KIDS COUNT Childhood Overweight and Obesity: Trends in RI June 2021

The Robert Wood Johnson Foundation (RWJF) also released a report in October 2020, which indicated that RI has the 11<sup>th</sup> highest rate of childhood obesity (17.5%) nationally<sup>3</sup>; the national rate is 15.5%. Data from 2019-2020 revealed that the obesity rate in RI for 10-17 was 16.7% (ranked 19<sup>th</sup>) which was a slight improvement compared to rates in 2018-2019 (17.5%).

Although data measuring the impact of the COVID pandemic on obesity rates is not fully available by state, the RWJF reports that the *national* rate of obesity among children ages 2 to 19 increased to 22.4% in 2020, up from 19.3% in 2019. The pandemic exacerbated many factors that relate and contribute to obesity (such as poverty, food insecurity, health disparities). In addition, with school closures, many children who were dependent on regular meals delivered through the school were less likely to access regular healthy meals, and opportunities for exercise (recess, PE) diminished.

### **Benefits:**

- Payment of \$5,000, in two installments, that practices can use to offset costs associated with staff time to participate in ECHO and quality improvement activities;
- Increased clinical competence and confidence, with behavioral health approaches for managing families and children with weight control problems for practices with and without a behavioral health clinician;
- Problem solve with expert faculty and other practices to help children and families address weight management issues;
- Monthly virtual or on-site consultation with a trained Pediatric Integrated Behavioral Health Practice Facilitator to incorporate ECHO learnings into practice;
- Ongoing access to PediPRN weight management experts;
- Medical providers are eligible to earn 25 points of AAP MOC Part 4 credit and other licensed clinicians are eligible for # points of AAP CME credit (pending approval).

### **Project Objectives:**

To improve care in primary care practices for children who are overweight/obese through practice participation in ECHO and data driven quality improvement activities that provide:

- Baseline assessment and re-assessment of participants' current practice and protocols around obesity and weight management;
- Subject matter content experts to improve clinical knowledge and application of current clinical guidelines for care of childhood obesity/overweight in primary care;
- Practice implementation of sustainable and standardized approaches for assessing and treating childhood obesity – for practices with AND without an IBH clinician;
- Improved patient outcomes through development and implementation of performance improvement plans, education/learning/training with local experts, and practice facilitation support;
- Increased clinical competence and confidence with behavioral health approaches for managing families and children with weight control problems;

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<sup>3</sup> Robert Wood Johnson Foundation (RWJF) also released a report in October 2020

- Learning community for behavioral health providers and pediatric care team;
- Risk stratification and identification of patients/parents/caregivers who may benefit from increased coordination with community resources (e.g. to obtain healthy foods, or to find local physical activity/wellness opportunities).

**Application Submission Process:**

- Each pediatric or family medicine practice submits [application](#), electronically, by 5:00PM, August 4, 2022.

**Practice Requirements and Expectation:**

- Complete pre and post assessment surveys and any other evaluation surveys requested
- Identify team membership (to include provider champion, nurse care manager/care coordinator, behavioral health clinician (if there is one in the practice) and practice/office manager; attend 12 monthly virtual or on-site IBH practice facilitation team meetings (1 hour each) initial meeting scheduled late September or October, 2022
- At least one member of the care team must attend and participate in a minimum of eight of the ten monthly ECHO childhood weight management learning sessions, consisting of short lecture, case presentation and discussion and both practice sharing sessions (meetings 11 and 12). Draft schedule below:

Tentative Topics	Tentative Dates
1 Kickoff and ECHO session on Epidemiology of Obesity (AAP guidelines)	Sept 22 7:30-9:00am
2 Weight Bias/Stigma / impact on mental health	Oct 20 7:30-8:30am
3 Cultural Considerations	Nov 17 7:30-8:30am
4. Prevention / Developmental issues	Dec 15 7:30-8:30am
5. Motivational Interviewing/Difficult conversations	Jan 19 7:30-8:30am
6. Family-Based Behavioral Treatment (gold standard)	Feb 16 7:30-8:30am
7 Empowering Parents	Mar 16 7:30-8:30am
8 Nutrition / Physical Activity counseling - doable interventions in Primary Care	Apr 20 7:30-8:30am
9 Role of IBH clinician / PEDIPRN / Triage Care	May 18 7:30-8:30am
10 Self-Monitoring, Engagement in Treatment	June 15 7:30-8:30am
11 Practice Sharing of patient success stories: Part 1	July 20 7:30-8:30am

12 Practice Sharing of patient success stories: Part 2	Aug 17 7:30-8:30am
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- Submit and present one patient case study for discussion at one of the ECHO Learning session. Month to present to be assigned at project start. Template to be provided
- Practices submit and present patient success story at final meetings.
- Submit Quality Improvement Plan, Do, Study, Act (PDSA), implementing childhood weight management best practices.
- (Optional): Integrated Behavioral Health Clinicians participate in peer-support group meetings with PediPRN psychologists.

**Timeline for Selection Process:**

Step	Activity	Date
1.	<a href="#">Call for Applications</a> released	July 7 2022
2.	Conference call with interested parties to answer any questions. <a href="https://ctc-ri.zoom.us/j/99577264663?pwd=SIFhRHJhNGNOaHo3cHQxcmEwSHlwZz09">https://ctc-ri.zoom.us/j/99577264663?pwd=SIFhRHJhNGNOaHo3cHQxcmEwSHlwZz09</a> Meeting ID: 995 7726 4663 Passcode: 646876 One tap mobile: +16468769923,,99577264663#,,,,*646876#	July 14, 2022, 8AM July 20, 2022, noon
3.	<a href="#">Submit application electronically via Survey Monkey</a>	<b>Aug 4, 2022 by 5PM</b>
4.	Notification will be sent to practices together with Participative Agreement and Pre Assessment Survey	August 15, 2022
5.	Orientation Kick Off meeting with first ECHO Learning Session	September 22, 2022 7:30-9:00AM

Submit completed [application via survey monkey](#) by 5:00 PM, August 4, 2022

**For questions, contact:**

Carolyn Karner, Project Management and Evaluation  
([ckarner@ctc-ri.org](mailto:ckarner@ctc-ri.org)) or Telephone: 978-852-2250

Application for Pediatric Weight Management Program

**Practice Information**

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, Zip \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Practice Tax ID Number (TIN): \_\_\_\_\_

Type of Practice (e.g. Pediatric, Family, FQHC, Hospital-Based Clinic) \_\_\_\_\_

Is your practice part of a system of care? If yes: indicate: \_\_\_\_\_

Primary Contact Person and role

Name: \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Provider Champion

Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Integrated Behavioral Health Clinician (if applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Nurse Care Manager/Care Coordinator

Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Other team member(s)

Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

1. Total Number of Youth (0-18) in your practice based on 2021 information \_\_\_\_\_

2. % Medicaid patients \_\_\_\_\_

3. Practice enrolled in PediPRN? (Yes/ No)

4. Has your practice previously participated in a CTC-RI Learning Collaborative? (Yes/No) Which ones?

5. Can the practice commit to monthly 1-hour virtual or on-site practice facilitation meetings with a minimum of physician/clinical IBH champion, nurse care manager, IBH provider (if applicable), administrative/operational liaison?

6. Can the practice commit to 12 monthly 1-hour ECHO Learning Sessions, separate from the practice facilitation meetings?

7. Does your practice currently employ a BH staff member(s)? Yes/No \_\_\_\_\_  
 If yes, please complete chart below.

	# of people	Hours per week	Contract or employee
Psychologist			
LICSW			
Licensed Social Worker			
Nurse Practitioner (Psychiatric)			
Psychiatrist			
Other			

Please provide brief narrative responses to the following questions: (limit responses to a maximum of 500 words per question)

1. What are at least two benefits you are hoping to achieve in your participation in this program?
2. What barriers do you envision to your participation? How do you anticipate addressing potential concerns?
3. Please describe how you are currently addressing obesity and overweight in your population and how you would like to improve your approach? Are there weight management programs that you currently refer to? Does your IBH program address weight management?

## **CTC-RI Selection Committee Policy and Procedure (2022)**

We anticipate that we may have more applications than available slots, therefore it is critical that applications for participation in the CTC-RI **Pediatric Weight Management ECHO and Quality Improvement Initiative** be reviewed and scored in an objective, fair, and transparent manner. The following reflects CTC's policy and procedure for application review:

### **Conflict of interest:**

Reviewers must disclose any potential conflict of interest related to a specific applicant. A conflict of interest is defined as a real or potential monetary benefit or having an organizational affiliation with the applicant. The Selection Committee will discuss the potential conflicts of interest and make a determination of whether a conflict of interest exists. If so, the reviewers must recuse themselves from the review of that application.

### **Selection Committee Group Process for Review of Total Scores:**

The Selection Committee will convene in August 2022, when a primary and secondary reviewer will present and discuss the rationale for scoring. The group will then discuss the ratings to reach consensus on application scoring. Final scores will be entered into a spreadsheet, totaled and divided by the number of scores to reach a mean score for each criterion and an overall total score for the application. Once this process has been completed for all applications, the applications will be rank ordered by anticipated developmental stage. *The Selection Committee reserves the right to interview applicants if further review is warranted.*

### **Review Criteria:**

All reviewers will read and score each application independently using the scoring form and criteria established by the CTC Selection Committee. Reviewers will submit their scores to CTC Management in August 2022. CTC Management will compile all scores into one table per application with a total number of points. The maximum number of points is 35. Applications will be rank ordered by anticipated developmental stage.

We anticipate that we will select up to 11 practice sites, including those with and without an IBH Clinician.

In the event of a tie, the following criteria will be used:

1. Completion of application; submitted on time and complete;
2. Number of Medicaid members-priority will be given to practices that serve vulnerable populations;

% Medicaid (max 2)	Score	Attributed Patients (max 3)	Score
<10	0	<2500 attributed patients	0
10-30%	1	2500-3000 attributed patients	1
>30%	2	3001-4999 attributed patients	2
		>5 FTE and >5000 attributed patients	3

**Reviewer Scoring Notes**

1. **% Medicaid:** A total of 2 point is available. Combine percentage of Managed Medicaid and Medicaid FFS
2. **# of Patients:** A total of 3 points are available. Assign 0 points for practices with less than 2500 patients; assign 1 point if 2500-3000 attributed patients; 2 points if 3001-4999 attributed patients; and 3 points if greater than 5 FTEs, and greater than 5000 attributed patients.
3. **Essay Questions:** A total of 10 points is possible for each question. 2 points if question answered; an additional 2-3 points if response demonstrated organizational interest/commitment and moderate degree of readiness; additional 4-5 points for above average response suggesting that the practice has high degree of readiness.

<b>Reviewers Score Sheet</b>						
	<b>Application Questions</b>		<b>Essay Questions</b>			
<b>App #</b>	<b>Attributed Patients (max 3)</b>	<b>% Medicaid (max 2)</b>	<b>E #1 (max 10)</b>	<b>E #2 (max 10)</b>	<b>E #3 (max 10)</b>	<b>Total (max 35)</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						



## Appendix A: Practice Cover Letter Template

*For multisite practices choosing to apply for multiple locations where quality improvement teams will differ, please provide the below letter for each site.*

To: CTC-RI Pediatric Weight Management Selection Committee members  
 From: **(Insert Practice Leadership Representative)**  
 RE: 2022 Pediatric Weight Management ECHO and Quality Improvement Initiative  
 Date:

On behalf of **(insert practice name)**, please accept the following practice cover letter for the 2022 Pediatric Weight Management ECHO and Quality Improvement Initiative. As an organizational leader representative, I can attest that the following staff members accept the conditions stated in the application and, if awarded, are committed to achieving the objectives of this initiative including clinical participation in the monthly and relevant ECHO and Quality Improvement meetings.

Practice Name: \_\_\_\_\_  
 Address, include zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Quality improvement team**, including providers, nurse care manager, behavioral health clinician, practice manager, social worker, medical assistant, IT support staff member, as applicable:

Position	Name	Email
Key contact person responsible for project implementation		
Provider champion		
Practice manager		
Behavioral health clinician		
Social worker		
Medical assistant		
IT support staff member (if applicable)		
Other		

**Phone number of provider champion:**

**Phone number of key contact person:**

Letter digitally signed by practice leadership representative and all quality improvement team members:

\_\_\_\_\_  
 Practice Leadership Representative      Date

\_\_\_\_\_  
 Quality Improvement Team Member      Date

\_\_\_\_\_  
 Quality Improvement Team Member      Date

\_\_\_\_\_  
 Quality Improvement Team Member      Date

\_\_\_\_\_  
 Quality Improvement Team Member      Date

\_\_\_\_\_  
 Quality Improvement Team Member      Date

\_\_\_\_\_  
 Quality Improvement Team Member      Date

\_\_\_\_\_  
 Quality Improvement Team Member      Date

