

# Pediatric Weight Management Group Visits: A Primary Care In-Person and Telehealth Hybrid Model

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## Introduction

- Childhood obesity is a **multifactorial chronic disease** commonly encountered in pediatrics
- The American Academy of Pediatrics Clinical Practice Guideline (CPG) for pediatric obesity states that **increased contact hours** with patients with obesity, **leads to improved weight status and health outcomes**
- Dedicated **pediatric weight management (PWM)** care delivered through a **child-focused, family-centered model** using a **multidisciplinary approach** further reinforces fundamental lifestyle changes
- We aim to describe the **development and implementation of a multidisciplinary PWM group program** that provides education to help promote healthy living

## Methods

- Two primary care (PC) providers** and a **psychologist** initially outlined **core components of PWM**, including nutrition, physical activity, and psychological core concepts based on an extant literature review
- A PWM specialized **physical therapist** and **dietician** agreed to help deliver content
- Nine patients** ranging from **6-12 years old** from **five families** were recruited for the **pilot hybrid PWM group**
- Group visits** were held **once per month for six months** with the first and last visits conducted in-person and all others via telehealth



Incentives given to families after attended PWM visits

## References

- 1) Hampl SE, Hassink SG, Skinner AC, Armstrong SC, Barlow SE, Bolling CF, Avila Edwards KC, Eneli I, Hamre R, Joseph MM, Lunsford D, Mendonca E, Michalsky MP, Mirza N, Ochoa ER, Sharifi M, Staiano AE, Weedn AE, Flinn SK, Lindros J, Okechukwu K. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. Pediatrics. 2023 Feb 1;151(2):e2022060640. doi: 10.1542/peds.2022-060640. Erratum in: Pediatrics. 2024 Jan 1;153(1):e2023064612. doi: 10.1542/peds.2023-064612. PMID: 36622115.
- 2) Barlow SE, Lorenzi A, Reid A, Huang R, Garigipati P, Messiah SE. Successful Virtual Delivery of a Group Childhood Healthy Weight Program. Child Obes. 2022 Dec;18(8):576-578. doi: 10.1089/chi.2022.0028. Epub 2022 Mar 30. PMID: 35363044.
- 3) O'Hara VM, Johnston SV, Browne NT. The paediatric weight management office visit via telemedicine: pre- to post-COVID-19 pandemic. Pediatr Obes. 2020 Aug;15(8):e12694. doi: 10.1111/jipo.12694. Epub 2020 Jul 6. PMID: 32627434; PMCID: PMC7361154.

## Results

- Height, weight and body mass index (BMI)** measurements were **obtained at in-person visits**
- An average of **7.5 patients attended each session**
- Topics discussed** included: goal setting, picky eating, physical activity, school lunches, food groups, afterschool snacks, and sugar sweetened beverages
- The **Family Nutrition & Physical Activity (FNPA) Screening Tool** was **given at in-person visits to assess behavior change**
- Families were contacted between visits** by a **disease manager** to complete feedback surveys and assess barriers to implementation
- Topic-related **incentives** were **provided after each attended visit**
- Follow-up with families six months after program completion** is planned

## Discussion

- This pilot hybrid PWM program illustrates the **feasibility and acceptability** of a **multidisciplinary, family-centered approach delivered through both in-person and telehealth group visits**
- Consistent attendance, engagement with diverse educational topics, and integration of behavioral screening tools** suggest **strong potential for promoting sustainable lifestyle changes**
- Ongoing follow-up and feedback** collection will **inform future iterations** and support **broader implementation** of scalable, **accessible obesity care models in pediatric primary care**