

January 31, 2004

Dear Dr. Ed Berntein,

Thank you for your participation in the *University of Arkansas for Medical Sciences' College of Public Health* Expert Panel review of existing CE/CME programs. This review was undertaken to assist the *Robert Wood Johnson Foundation (RWJF)* in considering continuing education programs to improve healthcare provider practice behavior related to obesity prevention, treatment and control.

Enclosed you will find a summary of the Panel members' comments regarding the CE/CME on obesity reduction or prevention that is offered by your institution, as well as the overall summary comments from the Review Panel. Developers of each participating curriculum are being provided feedback from the Panel, hopefully to assist them in considering issues related to further development of their program. The overall evaluation information from the Panel will be held by RWJF only, although a generalized summary with future recommendations for the field, not identifying any particular curriculum, will also be produced.

We very much appreciate your willingness to participate in our review of current CE/CME curricula. We realize that Panel members could only evaluate the content of the programs based on provided printed or web-based materials, rather than what is actually presented in programs, and that, in some cases, the Panel's review may have been based on incomplete CME program materials. Therefore, we would certainly welcome your comments on the review of your curriculum in order to make sure that we accurately reflect the nature of your program to further enhance the national discussion on obesity education. Please send these comments in writing by March 25, 2004, to Jada Walker (jfwalker@uams.edu) at UAMS College of Public Health, 4301 W. Markham, Slot 820, Little Rock, AR, 72205.

If you have further questions please do not hesitate to contact Jada Walker at 501-526-6617.

Sincerely,

James Raczynski, PhD.
Professor and Dean, College of Public Health
University of Arkansas for Medical Sciences
Little Rock, AR 72211

Arlo Kahn, M.D.
Director, Division of Preventive Medicine
Associate Professor, Department of Family and Preventive Medicine
University of Arkansas for Medical Sciences
Little Rock, AR 72211

Panel Review of Existing CME on Obesity

*UAMS
College of Public Health
Little Rock, AR
(501)526-6600*

Background

Obesity prevalence has been increasing at alarming rates over the past 15-20 years, resulting in substantially increased risk factors for a variety of chronic diseases, including diabetes, coronary heart disease and stroke, as well as disturbing prevalence trends in some cases. While effective approaches to these alarming trends must ultimately involve multi-faceted approaches emphasizing both dietary changes and increased physical activity, enhanced attention to obesity treatment and prevention by primary care providers may prove to be an important component of these approaches. Indeed, most people in this country do see a primary care physician at least annually, and primary provider advice to change some health behaviors has been shown to result in statistically significant changes as well as changes which can provide meaningful behavior change when viewed on a population-wide perspective. For example, physician advice to quit smoking commonly results in a quit rate of approximately 5-8%, a change that could have dramatic impact on morbidity and mortality from tobacco smoking in this county, suggesting similar promise for the benefits from health care provider attention to obesity treatment and prevention.

Despite the appeal of CME programs for changing provider and ultimately patient behavior, three cautions are worth noting: 1) CME programs generally result in disappointing changes in practice behavior and correspondingly few, if any, changes in patient behavior; 2) while examples of some effective CME programs exist, effectiveness is largely related to quality of the programs and ability to focus the content on key elements capable of integration in the time-demanding clinical practice encountered in current primary care; and 3) nutrition and obesity, despite an appearance of simplicity involving energy balance between consumption and expenditure, are extraordinarily complex behavioral issues involving dimensions which go beyond simple knowledge to complex attitudes, beliefs, cultural/ethnic issues, and social influences which are challenged by environmental issues such as food choice availability, substantial advertising, and access to settings appropriate for physically active (West, Harvey-Berino, & Raczynski, in press). These cautions are of sufficient magnitude to suggest that care be exercised to ensure that CME programs offer sufficient, demonstrable cost-effectiveness in modifying both practice and patient behavior before large-scale adoption.

This project was funded the by Robert Wood Johnson Foundation to undertake several related activities associated with evaluating CME and CE programs for obesity prevention and control. The objective of the component of the overall funded project related to this report addresses cataloguing and conducting a preliminary evaluation of

CME/CE curricula which are currently available for health care providers to address obesity treatment and prevention of patients in primary care settings.

Overview of Methods

In preparation for the review of existing CME/CE programs on obesity prevention and treatment, the UAMS COPH research team conducted a nationwide poll of leading researchers and clinicians in the areas of nutrition, physical activity, continuing education, behavioral intervention, program evaluation and family medical practice. Once leaders in the obesity field were identified, they were contacted to determine if they were providing an established, comprehensive educational program on obesity. If so, they were invited to submit materials to the review process with the assurance that the individual review results for their curricula would not be revealed to others, except as aggregated summaries, than the RWJF involved program and that reviews of their projects would be sent to them.

In addition, experts in each of the six identified important topic areas stated above were identified by the same process. These knowledgeable persons were then contacted to serve on the review panel. The 14 panel members were participants in the process of establishing the review criteria, and each was assigned 2-3 of the 12 identified CME programs to review. Each program had one primary reviewer and two secondary reviewers. The list of panelists and reviewed CME programs can be found in the attachment to this report. Every effort was made to avoid any conflicts of interest in the review process.

The six areas of nutrition, physical activity, behavior change, educational value, practicality and efficacy were determined to be essential areas that needed to be addressed for a comprehensive obesity CME/CE program. Reviewers assigned a 'rating' grade of A, B, C, or I, to each of the six essential topic areas, as well as an overall rating of the CME/CE program. The rating was an evaluation of the evidence provided by the CME/CE program to support the quality and value of the program. However, we would strongly caution the reader that these 'scores' are very subjective, and some reviewers chose not to use them. The review criteria instructions can be found in the attachment to this report.

The review panel met to discuss their findings on September 26, 2003. The reviewers' written comments and meeting notes were then compiled and edited into this report. A summary section containing general observations, recommendations and overall conclusions follows the sections providing more detail on each of the evaluated CME programs.

METHODS ATTACHMENT

Dear Expert Panel,

Please use the following as a guide to your comments, suggestions and evaluations of the CME programs. Please cover the *Critical Questions (a-e)* for each *Essential Area*. The additional questions are included as examples and as a starting point for each discussion.

You should assign an evaluation score to each of the 6 Essential Areas and an Overall evaluation score, giving each CME a total of 7 (A, B, C, I). Please note that not all of the CME curricula being reviewed will have content in each Essential Area.

You may write your comments directly into the WORD program on the enclosed diskette. Please be sure to save the document each time with the title of the CME curriculum being evaluated.

Please plan to bring a printed copy of the evaluations for each of the curricula for which you have been assigned as either a primary or a secondary reviewer to the September 26, 2003 meeting. In addition, please either bring an electronic copy of each evaluation with you on the enclosed diskette or e-mail me a copy prior to the meeting.

Thank you very much,

Jada Walker
UAMS College of Public Health
501-526-6617
jfwalker@uams.edu

**Criteria for Evaluation of CME Programs in Six Essential Areas,
and Overall, And Example Questions:**

The CRITICAL QUESTIONS for each of these 6 Essential Areas (below) to be considered are:

- a) the comprehensiveness of information
- b) the content - appropriate and accurate information for the provider, and for the patient to receive from the provider
- c) the provision and quality of support materials, such as handouts, books, chart reminders
- d) the overall quality of the category (score of: A, B, C, or I)
- e) recommendations to the developers of the program to improve curriculum

Essential Area 1 - Nutrition

Does the nutrition content of the program provide valuable, quality information? Does it take into consideration the beneficial effects of good nutrition even without weight loss? Does it include messages that are actionable, that provide motivation and social support?

Quality/valuable nutrition content should develop/increase problem-solving skills that reduce barriers to behavior change for food choices. Quality/valuable program content would promote the ability to identify realistic nutrition goals and tools for self-monitoring.

Essential Area 2 - Physical Activity

Does the physical activity content of the program provide valuable, quality information? Does it take into consideration the beneficial effects of physical activity even without weight loss? Does it include messages that are actionable, that provide motivation and social support?

Quality/valuable physical activity content should develop/increase problem-solving skills that reduce barriers to behavior change for physical activity. Quality/valuable program content would promote the ability to identify realistic activity goals and tools for self-monitoring.

Essential Area 3 - Behavior Change

Does the behavior change content of the program provide valuable, quality information? Does the program successfully focus on behavior change in the provider, provider practice, and/or the patient? Does it provide the opportunity for the healthcare provider to 'practice' or 'role-play' the use of motivational interviewing skills, etc? Does it include messages that are actionable, that provide motivation and social support to the patient?

Quality/valuable behavior change content should develop/increase problem-solving skills that reduce barriers to behavior change for food choices and physical activity.

Essential Area 4 - Educational Value

Does the educational aspect of the program present valuable, quality information in a manner consistent with accepted best educational practices? What evidence is there of the educational success of the program?

Essential Area 5 - Practicality, Use in Provider Settings

Does the program provide valuable, quality information that makes it user-friendly to provider practice? Does it give practical 'how-to' advice on implementing these activities with patients? Does the program involve members of the health care team appropriately? Does it include messages that are actionable, that provide motivation and social support to the providers?

Quality/valuable program content should develop/increase physician/staff problem-solving skills that reduce barriers to implementing practice changes in order to address patient issues of obesity/ food choices/ physical activity.

Essential Area 6 - Efficacy

How would you rate the efficacy (quality of evaluation and change in outcomes) of the program? How does the program demonstrate efficacy – how does it evaluate itself? How does it assess its impact on modifying providers' behaviors related to obesity prevention and management among their patients, and how does it assess its impact on patients' eating, exercising, and weight?

Does the program evaluate itself on accepted dimensions of evaluation: satisfaction, learner knowledge & skills, learner behavior in the work setting, and impact on patients and on the organization? Quality/valuable program efficacy would promote the ability to identify realistic goals and tools for self-monitoring and improving the program's effectiveness.

The Review Panel will use a rating system to indicate their evaluation of the evidence regarding quality and value in the 6 Essential Areas, and an overall recommendation for each CME program (= 7 scores in all).

- * A - strong evidence provided by the CME program to support the quality and value of the program.
- * B - suggestive evidence provided by the CME program to support the quality and value of the program.
- *C - inconclusive evidence provided by the CME program to support the quality and value of the program, but is conceptually strong and or comprehensive; could benefit from improvement.
- * I - insufficient evidence provided by the CME program to evaluate the quality and value of the program, or to support a conclusion or recommendation.

The Panel may use "I" to indicate that there is insufficient information to give a rating at this time.

Information to be sent to RWJF on the Reviewed CME Programs:

A rating on each of the six Essential Areas, and an overall rating, assessing the evidence for the quality of the content and the overall program, for each CME curriculum. A brief summary report on the 'state' of obesity CE/CME education at this time, based upon the Panel's comments.

Office Mgmt of Obesity, Assessment & Evaluation

NAASO

This program is an on-line Continuing Education activity that may be taken for credit and or/certificate of completion, by any health care provider of primary and family health care. A maximum of 2 category 1 credits may be awarded on completion of this program.

The program has well-stated learning objectives in the areas of evaluation, treatment, the office environment and reimbursement. Approximately two hours is suggested for completion time. This was thought by panelists to be about right in timing, providing that the learner stays primarily in the main program and does not access many of the resources or review any of the additional linked material. These materials may be accessed through the icons to material that can be opened and read on other websites.

The program is visually appealing and well-paced; it inserts exercises along the way, and the diagrams (many of which are animated) and resources are well-selected and placed. It is also easy to revisit the site, and to revisit parts of the program.

The NAASO website offers two on-line CME courses (*Assessment and Management of Obesity and Overweight In Adults & Office Management of Obesity*), both of which are evaluated below. While there may be some overlap in the two components, they are presented as two separate programs on the website.

Nutrition

OFFICE MANAGEMENT OF OBESITY

Although the panel's review criteria do not specifically include it, the reviewers considered it a positive that the program devotes some time to the assessment and evaluation of persons as to their classification, suitability and readiness for treatment. A particular strength of this section to the reviewers is the focus on total caloric intake rather than macronutrient composition per se in the development and treatment of obesity.

The reviewers stated that the nutrition information given is sound, although some would argue with the categorization of some foods in the interactive macronutrient identification task. For example, cheese is considered a 'meat' by the program but milk and fat would also be reasonable responses. Reviewers suggested that for those items that might reasonably be "cross-listed", some explanation as to why the CME course designers felt the answer selected was the most appropriate (and acknowledgement that there was some basis to the other "less correct" answers) would be helpful. Reviewers noted that this discussion of food categories and weight maintenance makes a questionable point: "Weight losers eat more in the fish and vegetable categories." They objected that fish isn't a category provided in the program and a specific endorsement of fish (over other lean meats and fowl) is not well-supported by the data.

ASSESSMENT AND MANAGEMENT OF OBESITY AND OVERWEIGHT

As in the first component, reviewers found that the nutrition information provided is up-to-date and accurate, with specific detail on label reading and the targeted dietary intake clearly provided. Information provided is limited to the critical components for weight loss and weight maintenance and is not confounded by the provision of somewhat extraneous nutrition education. This keeps the overall amount of instruction limited to the pertinent points. Reviewers stated that the majority of nutrition information is in the treatment module rather than the assessment module. On most dimensions, the treatment module provides more accurate and accessible information than the assessment module. The links provided to other information are useful to the reviewers.

Support materials, such as handouts, books, and chart reminders were available, well referenced and readily accessible. Reviewers stated that the content of both the information for the provider, and that for the patient are, for the most part, appropriate. The appropriate concepts are presented about nutrition, and there are charts, and interactive exercises that the physician can access and complete, to ensure that sufficient information is available for appropriate conversation with the patient. In general, this section presents the benefits of good nutrition without weight loss, but as the program is directed to weight loss and management, the reviewers found that the emphasis is greater in these areas. The messages presented appear to the reviewers to be evidence-based, and the recommendations can be used for direct action when dealing with a patient. The information could provide the physician with new skills to address dietary change; however, as noted by some reviewers, some of the information was somewhat confusing, so some clarification would be helpful.

One area that did not seem to be clear to reviewers was the section where the provider taking the course is supposed to place foods into their correct groups. In this section the information was insufficient, and some of the “correct” choices were counter-intuitive and did not appear to follow what one would have learned about nutrition, even in a basic way. Reviewers were disappointed that the menus provided as examples are limited in their cultural appropriateness. Specifically they do not represent the typical diets of the individuals at highest risk of obesity (minority populations). Some tailoring or links to other sites that provide appropriate menus and materials for a more diverse population would be an improvement. The patient materials seemed to the panelists to be at a reading level that may be beyond the grade 6 level of the average reader in the population. In this section when directed to the references, reviewers found that the learner is presented with the entire reference list; it would have been more helpful to have fewer references for each section, directly related to the particular aspect of the program under consideration.

The overall quality of the category was rated as “A” and “B/B+” by the reviewers. The reviewers’ major recommendation to the developers of this program would be to revisit the nutrition “exercises”, and perhaps provide the learner with some background to how

the program has classified foods. Some clarification would be helpful. Also, the reviewers suggested that the addition of a few more nutrition links – there are many out there, especially guidelines – would be helpful.

Physical Activity

ASSESSMENT AND MANAGEMENT OF OBESITY AND OVERWEIGHT

The reviewers declared that the information provided in this section of the program is comprehensive and instructive. The target goals of minutes of exercise reflect the surgeon general's recommendations, but reviewers stated that these are lower than might be suggested by recent empirical studies which suggest that upwards of 200-250 min/week is the amount of exercise associated with long term success in weight loss and weight maintenance. Although the reviewers found that the activity content is accurate and appropriate, they stated that the format is not one that lends itself to easy presentation to patients from providers. It seemed to them that supplemental materials and/or handouts would be required to facilitate provider intervention with patients and that links to appropriate resources would be useful for providers.

OFFICE MANAGEMENT OF OBESITY

Physical activity information is comprehensive and current in this module, in that it addresses the recommendations of major bodies for exercise, and physical activity. Distinctions between physical activity, exercise, and fitness are offered and examples of appropriate moderate exercise to promote weight loss and maintenance are offered. Links are offered and are very helpful. Reviewers stated that the emphasis on activity is strong and the evidence base is well addressed. There is very helpful information on stress testing, and guidelines and interactive charts for use in deciding whom to test. Support materials, such as handouts, books, and chart reminders, in this section are excellent, according to the panel reviewers. There are walking programs, and there are animated clips of appropriate exercises that will be helpful for both patient and provider.

In general, the reviewers found that information and support materials for the physician are excellent, as well as the patient education resources. Reviewers had no recommendations to the developers of the program to improve this portion of the curriculum. They rated the overall quality of the category as "A".

Behavior Change

ASSESSMENT AND MANAGEMENT OF OBESITY AND OVERWEIGHT

The reviewers stated that this information is comprehensive and perhaps the most impressive aspect of the CME course. The module provides strategies and methods to use for intervention that are likely to be helpful to providers and reflect the best practices in behavioral intervention. Reviewers suggested that more appropriate support materials that could be used with patients would enhance the behavioral components. An example given was to provide additional web links to self-monitoring diaries or other tools to assist behavior change efforts; these would provide useful tools and methods that a practitioner could use with a patient.

OFFICE MANAGEMENT OF OBESITY

The panelists were of the opinion that this module was the best behavior change component that they have reviewed. It is interactive, includes the key behavioral strategies, and offers specific recommendations about how to implement the strategies. They found that it is one of the few programs that speaks to how a provider should follow-up on behavioral methods once a patient has attempted the original recommendations. The strategies are empirically-based and reflect current best behavioral practices.

This section of the program is excellent in its comprehensiveness, according to the reviewers. The information for both provider and patient is clearly presented, and is comprehensive and in keeping with both the evidence, and best practice. The entire program deals with obesity, and the need for assessment and management, in a manner that makes the patient and the provider partners in addressing the problem, and this section also reflects that. The section on behavior modification is interactive, and has eight individual aspects, each of which can be opened to provide specific helpful techniques. The components include shaping, rewards, self-monitoring, goal-setting, stimulus control, eating habits, relapse avoidance skills, cognitive restructuring and other issues.

The ratings of this section by the reviewers was A, B and C. The reviewers concluded that the content of this module is appropriate and accurate information for the provider, and for the patient to receive from the provider, but more references could be included. They observed that in this section it was obvious that the program authors had used the Prochaska and diClemente model for "Stages of Change". This was evident in the section on assessing the patient's readiness to change, and in the questions provided for the provider. However, reviewers were disappointed that they did not find the reference either in the program or in the resource list. They highly recommend that the reference should be included. In fact, there are virtually no references offered to support the validity of the recommendations provided, and the panelists considered this an oversight that can be corrected, as other areas of treatment are referenced in the bibliography. They expressed concern that if the learner were to look for this information, there would be at least an implicit message that no evidence exists to support the process, which is misleading and incorrect.

Educational Value

Reviewers stated that both curricula include learning objectives and are well organized in a way to achieve those objectives. They found the program to be very engaging and appealing, with useful links to allow further education for interested participants.

ASSESSMENT AND MANAGEMENT OF OBESITY AND OVERWEIGHT

The health education provided is comprehensive, touching on the range of topics relevant to understanding and treating obesity. However, the panel members were concerned that the information provided does not reflect appropriate cultural breadth and is very culturally-biased in some areas. An example given by the reviewers was the

pre-test and test question in the assessment module which asks about the likelihood that John Doe's wife is obese, clearly seeking recognition of information on prevalence data on obesity. The answer that the CME module indicates is correct is that his wife is less likely to be obese since women are less likely to be obese than men. *However*, this is only true among Caucasians. Among African Americans, Mexican Americans, and Native Americans, for example, women are as likely or more likely to be obese. The ethnocentric view that assumes John Doe is Caucasian (ethnicity is not specified in the test -though it may have been in the case study; the case study was not accessible at the time of review.) This is unfortunate to the reviewers. A broader cultural perspective would be preferred, particularly given the proportionally greater burden from obesity seen among minority populations.

OFFICE MANAGEMENT OF OBESITY

Again, reviewers found that this course is an exemplar of website medical education, with really engaging materials that provide appropriate learning objectives. They stated that the informational links and the provision of things like PDA downloadable BMI calculators, physical activity information, and nutrition support materials seem to be quite useful for providers.

Panelists were of the opinion that the information in this program is presented clearly; it is well paced, and it appears to be in keeping with best practice. Reviewers stated that as one would expect, the self-test deals largely with recall of information, rather than use of any application or reasoning skills. The content seems appropriate, with more resources of good quality provided. The reviewers rated the overall quality of the category as "A" and "B", stating that it is great work, very user friendly, very practical, and very evidence base. They suggested that the educational value of the program would be enhanced by a) broadening the self-test to include more than recall of information, and b) including some reflective activity by the learner (e.g., what they can take away to improve their practice).

Practicality, Use in Provider Settings

ASSESSMENT AND MANAGEMENT OF OBESITY AND OVERWEIGHT

The reviewers stated that beyond some technical access difficulties, the content is very practical and offers specific suggestions about what to do. Of particular note is the review of pharmacologic and surgical options, which is presented in the treatment module. The integration of behavioral, pharmacologic and surgical approaches provides a comprehensive view of obesity treatment that is not reflected in some other CMEs and is probably relevant to many practitioners. However, access to the CME course was quite difficult for one reviewer. They observed that this would seem problematic for broad dissemination to healthcare providers. When the reviewer could not access the case study information, they found that continuing the modules without the information from the case study meant that critical information for the self-test was missing.

OFFICE MANAGEMENT OF OBESITY

This is a very practical course to reviewers, with discussions of how to set up the office environment and issues related to billing, both of which are likely to be of great use to practitioners. The provision of physician aids such as downloadable PDA algorithms is a nice aspect, since it increases the likelihood that these approaches will be adopted by making it easier for the physician. In general, reviewers stated that the program appears to provide useful information that is well selected, with comprehensive resources, and that is user friendly. The advice given is useful “how-to” information, and specific examples are given.

Reviewers rated the overall quality of this category an “A” and “C”. They suggested that more emphasis could be included in the program on strategies for treatment and follow-up of patients in whom weight loss and management are a major problem. There could be inclusion of strategies that tend to increase compliance, and of the use of other team members. The reviewers also noted that use of a multi-disciplinary team is mentioned but not well-developed (and it may be a concern for some office settings). The section on use in the office was seen as helpful, but somewhat limited. A few good points are given, particularly with regard to making the office accessible, and optimizing evaluation and treatment; however, this situation seems rather light on content and on how to accomplish things to the reviewers. The content was not readily amenable to being evidence based, but there is reference to the Putting Prevention into Practice (PPIP) program/site at which more details would be available. For support materials, the learner is referred to PPIP. The reviewers stated that the amount of information there is overwhelming, so that the learner would actually benefit from some guidance.

Efficacy

ASSESSMENT AND MANAGEMENT OF OBESITY AND OVERWEIGHT And OFFICE MANAGEMENT OF OBESITY

Reviewers found that neither program offered outcome evaluation. They observed that the programs are relatively new and therefore evaluation data may not be available yet. However, they stated that NAASO and NHLBI should be encouraged to evaluate these CME and provide data on the outcomes. A pre-test and post-test are included and so presumably there are data on knowledge acquisition. It is noteworthy to the reviewers that a series of CME courses are being developed and disseminated by NAASO and it would be hoped that these efforts would be data-guided since the online courses have strong evidence-based roots.

Reviewers found that participants are invited to take a post-test, and must do so for credit or a certificate. There is also a course evaluation form. The test, as would be expected, concentrates on information gained, rather than skills learned. Also, there is no part of the evaluation that asks learners to consider changes they might make as a result of the program. Participants are also requested to complete a course evaluation form. It is unclear to panelists how these data are collected and used to inform any revisions to the course. Therefore, the overall quality of the category received a rating of “I” from two reviewers, and “A” from the third reviewer.

Reviewers recommended that the course developers should revise the self-test, in an attempt to have the learner go beyond recall and apply the information. Some reflective activity would enhance the efficacy of the program and its transferability to practice. They suggested that perhaps the program could make available the aggregate evaluation data it has collected, as the pre/post tests results DO exist; there should be evaluation data available based on these and the reviewers would be interested in seeing it.

One reviewer remarked that this is an excellent example of internet education and the reviewer would recommend it to any medical resident. They were excited that the program discusses the practical office issue of how to 'code' treatments. It was seen as very practical, and as accomplishing what it sets out to do. The program was also seen by panelists as incredibly useful, with a superb format. It was observed that the modules are a bit formal in that you have to go through in a certain order – it is still a CME-type course – however, the presentation and links are very thorough and complete. The presentation of materials is the best seen by these reviewers. It was stated that this is the best obesity CME available for a primary care provider - it is comprehensive and would be very useful for students and residents.

Summary and Discussion

The CME Overall Rating from the reviewers were “A” and “C”. The “C” ratings were due to inconclusive evidence provided by the CME program to support evaluation of the program, but the reviewers still found it conceptually strong and comprehensive. However, they suggested that it could benefit from improvements. Others comments indicated that this is the best CME reviewed by the panel, even without efficacy data. It is evidence-based. The behavioral scientists on the panel stated that the behavioral section is very good. The program has a good interactive program.

Reviewers stated that they consider this *the* web-based program. It is easy, self-guided, and great for physicians and residents. From a CME or teaching perspective it is what we are looking for in these reviews. The program was well laid-out and stated good objectives. Office environment issues were addressed, which you don't often see. It had good support materials for doctors and patients. It had limited but well-selected information on physical activity and had nice animated clips online of physical exercises. The behavior change section was in keeping with evidence and best practices.

Recommendations from panelists included a suggestion that the developers could improve the behavioral section. The design is a “fixed line” – you need to be able to 'backtrack' to a previous screen/topic without having to re-do a whole previous section. The program needs to revisit the online exercises that had some mistakes in them. The reading level was high for patient materials, in the panel members' opinion. There was concern that it is in some ways a very ethno-centric program (in examples) and the panelists believe that the developers could do better. Information given was very clear, had good content, and used conceptual information but it was not referenced- this gave the implicit message of no background to the NAASO program. The developers should

references sources appropriately. The SELF TEST asks participants “what did you get from the program?” but asks nothing about implementation in practice in the real world. The site does talk about ‘how-to’ practicality in the program, but then it just sort of fades away. There is no efficacy data provided to us for review.

One panelist recommended that NAASO give CME credit for other programs of study to increase the usage and audience of this site. It was suggested that there could be a link to NHLBI-funded projects, along with additional supportive resources. In conjunction with the NAASO program, a link to the NHLBI Practical Guide was reviewed.

Summary Comments

After discussion of the individual curricula, the Review Panel agreed to address the themes, deficits, and universal needs of obesity CME curricula in the summary discussion.

Eight of the 12 programs reviewed by the panel were given an “I” rating by the primary and secondary reviewers. This rating indicates that the reviewers found insufficient evidence provided by the CME’s developer to evaluate the quality and value of the program, or to support a conclusion or recommendation. The Panel used “I” to indicate that there is insufficient information to give a rating at this time. Most of these eight “I” programs received this overall rating due to a lack of evaluation or efficacy evidence.

General Observations by the Panel

One panelist observed that perhaps society is dropping the population health problem of obesity into the ‘lap’ of primary care doctors’ offices and they are not sure that this is appropriate. Panelists felt that the field has made insufficient effort to prioritize care or treatment or to target populations at high risk. Building on this discussion, one panel member noted that most providers find obesity treatment frustrating, and remarked that putting the responsibility of “fixing” obesity on medical practioners may be an unrealistic expectation.

The panelists questioned whether CME programs should even *try* to address all of the facets of obesity in one program. For example, pediatric and adult obesity topics may require different curricula, and each of these types of programs may need to further break down treatment and prevention of obesity in both of these populations.

A general comment agreed upon by all the review panel members was that they wanted to “order *a la carte*” from the reviewed curricula and take pieces from different programs to put together a comprehensive ‘plate’ of CME obesity education. Many of the curricula had particular strengths which might lend themselves to complement the strengths of other curricula.

Panel Recommendations for Curriculum Development

Panel members suggested the following general changes for the reviewed obesity programs.

Cultural, economic and ethnic disparities could be more adequately addressed in most of the reviewed programs. Further, none of the curricula seemed to address the “societal bias” (and *provider* bias) against obesity/overweight as a barrier to care/treatment. Panelists suggested that the Kelly Brownell program (scale questionnaire) could be incorporated into CME programs as an educational tool to demonstrate biases (see published data). The CME developers could ask Kelly Brownell regarding any next steps to address these biases. Cultural sensitivity training might also be a component of addressing societal/provider biases against obesity.

Weight maintenance and the metabolic health benefits of weight loss could be better incorporated in the programs. The reviews found that these factors are not addressed in general in these curricula, with the exception of an online program. The programs should also, but do not, address evidence that lowering weight *changes* risk factors. Finally, few of the curriculum seem to address trying to convey to providers that risk reduction is not about achieving an 'ideal body weight', as many physicians have been training, but is about the beneficial effects of even small changes in behavior which may only result in relatively small reductions in weight.

Panelists also agreed that most of the curricula would benefit from additional attention to methods to motivate people to lose weight. Panelists stated that attention to "Readiness to change" concepts is not enough; rather, it is the 'next step' after readiness to change that is critical – HOW to do that is the real route to success. Key to success is also conveying to providers that there is no "textbook approach" to weight loss that will work for everyone. Rather, physicians will have to take the 'basics' and operate on an individual case plan with each patient to achieve success. These "higher-order" skills will require careful attention in curricula development to be able to translate to providers who are more familiar with standards of care that are more proscriptive than are required to achieve behavior change.

In a similar vein, panelists agreed that the examined curricula could do more to emphasize that patient self-management is a central component of successful weight loss and maintenance. Medical education programs need to discuss reasonable expectations, for the provider and the patient. This is critical, as it is the heart of how the provider views him/herself as an "agent of change" vs. a "changer". One curriculum appropriately conveys weight loss as a partnership approach, providing a model of "framing" that other curricula might consider adopting.

The curricula could provide physicians with more solid outcomes-based evidence. Outcomes related to time, effort, and funds of the investment of the practitioner and the staff on the impact of their actions on patient health and weight need to be clearly shown.

In most of the curricula, there is little reference to the outside world or the community, outside of the doctors' office. These outside systems impact nutrition/exercise, too, and must be addressed in a comprehensive curricula.

Programs need to address in more detail how HMOs and others are handling obesity counseling, nutrition, etc, in clinics and offices, to give providers a practical basis for understanding how to incorporate weight counseling into their practice. Curricula should make providers aware of support systems that can be incorporated in the management of patients. More family-based models are needed that address the availability of community resources and the reimbursement needs of providers. Consideration should be given to exploring more fully in curricula how HMOs might provide systems support to support the efforts of their providers in prevention, treatment, and maintenance. Programs should also address the 'office/business

management' practicalities of the medical office, and the implementation logistics of incorporating obesity treatment into a practice. Panel members were of the strong opinion that office managers also need CME education about obesity.

Panel Conclusions

In conclusion, the panel agreed that while good efforts have been made in the arena, program evaluation and efficacy is a critical component for all of the CME providers to focus their attention in the future. By and large, none of the curricula have adequately evaluated the outcome of their programs on provider behavior, patient behavior, or patient (weight) outcomes.

The reviewed curricula have provided the panel members with a range of programs with a different emphasis on aspects of weight loss and obesity. The panel concluded that the field should look at whether it is feasible or practical for one CME course to attempt to address the complex health issues of obesity and overweight.

Since the panelists raised the question of whether physicians should be doing this intervention at all, it was suggested that developers of obesity CME curricula consider following the "smoking cessation" guidelines in order to create a case management model for obesity prevention and control. The guidelines could give an organizational model to work from in creating a systematic approach to obesity management.