

View Abstract

CONTROL ID: 3186162**TITLE:** Discussing All Options: Increasing Rates of Shared Decision Making Discussions about Bariatric Surgery in an Urban Underserved Population**ABSTRACT BODY:****Statement of Problem or Question (one sentence):** Only 20% of eligible patients had a documented discussion about bariatric surgery in our urban underserved clinic despite its proven outcome benefit.**Objectives of Program/Intervention (no more than three objectives):** To increase the rate of discussions of bariatric surgery in our practice by 20%.**Description of Program/Intervention, including organizational context (e.g. inpatient vs. outpatient, practice or community characteristics) :** A retrospective cross-sectional analysis reviewed all patients seen by 6 residents between the months of July and early December 2018 to determine baseline discussion rates of bariatric surgery in the primary care clinic. The interventions included decision support reinforcing indications for bariatric surgery, a physically accessible patient information sheet on the provider's desk, and resident feedback on baseline performance. Data was collected for 18 days post-intervention, reviewing charts of 13 residents to assess rates of discussion.**Measures of success (discuss qualitative and/or quantitative metrics which will be used to evaluate program/intervention):** Discussion rates of bariatric surgery pre- and post-intervention were assessed with the goal to increase discussion rate by 20%.**Findings to Date (it is not sufficient to state →findings will be discussed→):** In the pre-intervention 502 charts were reviewed, 58 patients met the criteria for bariatric surgery with the most common co-morbidity being hypertension, with a median age of 56 and median BMI of 39.4. Of the 58 patients in the pre-intervention group, there were 12 (20%) documented discussions of bariatric surgery.

In the post-intervention group 45 patients met the criteria for bariatric surgery. Of the 45 patients there were 19 (42%) (p-value for the change from baseline: 0.018) documented discussions of bariatric surgery.

Key Lessons for Dissemination (what can others take away for implementation to their practice or community?): Our education, decision support, and resident feedback intervention improved discussion rates in bariatric surgery. While we met our goal, the next step would be to increase rates of documentation by using more regular resident feedback. This project demonstrated that a succinct intervention can be effectively applied to other areas of primary care where shared decision making is a crucial component to beneficial outcomes. Furthermore, this is an example of a project that can be implemented within the confines of a busy resident schedule making a difference in quality of care.**Impact:** Morbid obesity is unfortunately exceedingly common in our clinic, which can lead to desensitization to the severity of the condition. Education, decision support and feedback can be effective tools to continued focus on this disease, and prompt more shared decision making discussions on treatment options.**PRESENTATION TYPE IP SHARED DETAILS PAGE URL:****AUTHORS (FIRST NAME INITIAL LAST NAME):** C. Virmani^{2, 1}, A. R. Lewis^{2, 1}, E. Botti^{2, 1}, M. Trevisonno^{2, 1}, P. Borhanjoo^{2, 1}, T. A. James-Goulbourne^{2, 1}, M. S. Lee^{1, 2}, A. A. Chang^{1, 2}, D. L. Stevens^{1, 2}**INSTITUTIONS (ALL):** 1. Ambulatory Medicine, NYC Health + Hospitals/Kings County, New York, NY, United States.

2. Medicine, SUNY Downstate Medical Center, Brooklyn, NY, United States.

SGIM MEMBERSHIP STATUS (IHD):

Chetan Virmani : Non-Member → Resident

Akeem Lewis : Non-Member → Resident

Evan Botti : Non-Member → Resident

Michael Trevisonno : Non-Member → Resident

Panid Borhanjoo : Non-Member → Resident

Tracian James-Goulbourne : Non-Member → Resident

Melissa Lee : Non-Member

Andrew Chang : Full Member

David Stevens : Non-Member

PRESENTATION FORMAT: No Preference

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