

Background

In order to tackle the growing trend of overweight and obesity among young people, the National Institute for Health and Disability Insurance (NIHDI) wants to set up a multidisciplinary, outcome-oriented stepped care model including regular follow-up for children and teenagers, to improve detection, achieve timely and correct diagnosis, provide appropriate multidisciplinary treatment and prevent relapse of obesity in Belgium.[1] A three-tier structure is advocated. The first level of care consists of physicians, the second level of care includes 25 Paediatric Multidisciplinary Obesity management Centres (PMOC) and the third level consists of 2 Centres of Expertise for Paediatric Obesity Management (CEPO).

Aim(s)

To develop the set of quality indicators (QI) to monitor the PMOCs and evaluate the quality of care.

Methods

To assess health care quality, the Donabedian model was chosen, distinguishing three dimensions of quality: structure, process and outcome.[2] The literature review identified existing indicators that can be used for a scientifically based quality assessment. The next steps involved a participatory approach as system of co-creation between the scientific team, the authorities and the stakeholders to identify the final set of indicators.[3][4, 5]

Results

Almost all indicators found in the scientific literature were outcome indicators. Multidisciplinary management of overweight and obesity was heavily advocated, stressing the role of nurses in different levels, although staffing requirements for the multidisciplinary team in terms of minimum numbers or minimum qualifications were not found. Additionally, no papers were found that evaluated the effectiveness of a single element of the structure or of the process on the outcomes. As a result, all elements of structure and process are currently described as eligibility criteria in agreements formalising the recognition of PMOCs by the NIHDI and can be used to assess the compliance of centres with the minimum requirements described in the agreements, but not to measure the quality of the management. Five final outcome indicators were identified: BMI z-score, Blood Pressure, Blood Lipids, Physical Activity and Quality of Life.

Discussion

Many challenges have been identified, including three priorities. First, the creation of a single database. Second, to propose a mixed methods evaluation.[3] Third, to identify validated instruments and questionnaires, available in various languages and without copyright. Next, the use of reliable quantitative data that can be extracted from records in order to explore the possibilities of linking data related to the use of care. Furthermore, the privacy of patients' needs to be respected and guaranteed in longitudinal data collections. Moreover, assessment of the quality of care must be part of a virtuous non-sanctioned circle of goal setting, implementation of a treatment programme, evaluation and feedback to trigger corrective action where necessary. Lastly, a link between the management of childhood obesity in the PMOC and the results must be obtained.

Implications and future perspectives

The creation of this second level in the stepped-wedge model is much needed and long overdue in Belgium. Depending on the education level, nurses can play a crucial role in the care for patients, coordination between the levels of care as a Nurse Specialist or play a crucial role in obtaining, managing and analyzing the data as Nurse Researchers.

References

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