



Project COMPASS: Comprehensive Obesity Management Pathways Across Systems Health System Partner Application

EXTENDED! Deadline to submit: January 15, 2026

Purpose of Project COMPASS

Project COMPASS is a national quality improvement (QI) initiative designed by the American Association of Clinical Endocrinology (AACE) to improve the diagnosis and management of obesity across U.S. health systems. The project aligns with AACE's Global Education and Quality Improvement Priorities (2024–2028). Endocrine practices selected for participation will engage in data-driven improvement cycles, education, and implementation support using the Institute for Healthcare Improvement (IHI) and Agency for Healthcare Research and Quality (AHRQ) methodologies.

Framework and Evaluation Plan

Project COMPASS will employ a structured QI framework grounded in the **Institute for Healthcare Improvement (IHI) Model for Improvement** and **AHRQ Science of Improvement** methodologies. Each participating health system will implement iterative **Plan-Do-Study-Act (PDSA)** cycles supported by AACE's QI faculty and consultants.

Project COMPASS will be a two-year national QI Collaborative with at least three diverse health systems (academic, community, and rural).

Strategy and Interventions:

Each health system will implement interventions within a unified QI framework:

1. **Standardized Screening & Diagnosis** – Embed EHR tools and workflows to improve BMI documentation and diagnostic coding.
2. **Provider & Patient Engagement** – Deploy conversation aids, SMART scripts, decision guides, stigma-reduction education, and patient-facing communication tools.
3. **Multidisciplinary Care Integration** – Strengthen referral pathways to nutrition, physical activity, behavioral health, pharmacotherapy, and bariatric surgery where appropriate.

Core Components:

- **Baseline assessment:** Evaluate current obesity care documentation, diagnosis rates, and treatment patterns.
- **Root cause analysis:** Use structured process mapping and fishbone analysis to identify barriers.
- **Intervention design:** Develop targeted solutions embedded within standardized frameworks.
- **Implementation support:** Facilitate webinars, peer learning, and individualized coaching.
- **Measurement and feedback:** Continuously track data and performance benchmarks.

Outcomes Measures

Outcomes will be assessed using objective data sources (EHR extracts, quantitative and subjective surveys, and QI tracking tools). Deidentified data will be collected.

PLEASE NOTE: Baseline data for metrics will be selected by the HSP and will be required to submit within the 30 days of award notification

Primary Measures:

- Increase in BMI documentation (target e.g.: 60% → 90%).
- Increase in obesity diagnosis (target e.g.: 45% → 75%).
- Increase in evidence-based care delivery: lifestyle and behavioral health counseling/referral, nutrition services, pharmacotherapy, and surgery referrals.

Secondary Measures:

- $\geq 5\%$ BMI reduction or $\geq 5\%$ weight loss in 25%–30% of enrolled patients at 12 months.
- Waist-to-height ratio < 0.5 or waist-to-hip ratio < 0.8 in some patients.
- Increased follow-up visits for obesity management.

Balancing Measures:

- Provider workflow burden.
- Patient satisfaction with obesity care.

The measures outlined in this proposal are not duplicative of CMS QI programs.

Initiative Timing

- **Notification of Awards (Feb 1, 2026):** Sites will receive letters of notification.
- **Pre-launch (F):** Site recruitment, contracts, baseline data.
- **Onboarding (Apr-Jun 2026):** Root cause analyses, mapping sessions, baseline surveys.
- **Implementation (Jul 2026–Mar 2027):** Interventions deployed, QI cycles, monthly webinars. (monthly check ins)
- **Analysis & Reporting (Apr–Aug 2027):** Outcomes evaluation, dissemination, publication.

Award: \$110,000 per Health System Partner

Deadline to submit: **January 15, 2026**

Email completed application to: qualityimprovement@aace.com

Project COMPASS: Comprehensive Obesity Management Pathways Across Systems
Health System Partner Application

Section 1. Practice Identifying and Contact Information

Practice name (applicant):

Health system name:

Practice TIN:

Practice service location address (street, city, state, zip):

Endocrinologist/Physician Champion name :

Applicant contact information (email, phone):

Clinic where the project will be implemented:

Practice/Clinic Type: Academic Community Rural

Project Team Members (please include name, title, email, and phone):

Clinician Champion (provides leadership and facilitates educational and improvement activities):

Project Manager (coordinates QI processes, data collection, communication, and deliverables):

IT/Data Liaison (supports EHR modifications, data extraction, and reporting):

Section 2. Organizational Capacity

Commitments

Do you agree to collect and submit relevant obesity care quality data as outlined below?

Yes No

Do you agree to designate a project coordinator or quality manager to oversee implementation and data submission?

Yes No

Required Leadership Support

Please list the name of your health system leadership (CEO, CMO, CNO, or CQO) who has agreed to commitment of institutional resources and protected time for staff participation in this activity:

Section 3. Population Demographics

Patient Volume and Demographics within the Endocrine Practice/Clinic

Number of active adult patients with obesity served in the last completed calendar or fiscal year:

Time period:

Population Diversity and Access Indicators

Percentage identifying as non-White or Hispanic:

Percentage residing in rural areas:

Percentage residing in Medically Underserved Areas (MUA/MUP):

Section 4. Experience with Obesity Care and Quality Improvement

Provide a brief description of your practice/health system's recent efforts to improve how your healthcare teams manage obesity with their patients. These efforts might include prior QI efforts, educational activities, and/or workflow redesign projects:

Please describe:

Do you currently have a standardized obesity care workflow? Yes No

Do you currently use a standardized tool or algorithm to guide your obesity care? Yes No

Do you or someone in your practice have experience using QI methods and tools (e.g., IHI, LEAN, etc?) Yes No

Date and topic of last internally hosted obesity management provider education session? If none have been offered in the last 12 months, put N/A.:

Section 5. Electronic Health Record (EHR) Capabilities

Do you use an EHR system? Yes No

Which EHR platform do you use? (e.g., Epic, Cerner, NextGen)

Does the EHR include functionality for obesity care tracking or an obesity module? Yes No

Describe current capabilities for:

Capturing BMI, diagnosis codes, and obesity care referrals:

Tracking counseling, medication, or surgical referrals:

Measuring patient weight trends and follow-up visits:

Extracting and submitting deidentified data for QI analysis:

Section 6. Quality Improvement Capabilities and Planned Interventions

QI Infrastructure

Describe your organization's capacity for data-driven improvement and its experience implementing Plan-Do-Study-Act (PDSA) cycles or equivalent QI methods:

Describe your current challenges to improving obesity care within your system:

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Section 7. Attestation

To the best of my knowledge, my health system is not applying with another professional society to participate in the AACE Project COMPASS Quality Improvement initiative.

Signature:

Name & Title:

Date:

Submission Instructions:

Please submit the completed application and required attachments to AACE Quality Improvement Programs at qualityimprovement@aace.com by the stated deadline. Include the leadership letter of support and any supporting documentation demonstrating QI or data capabilities. **Deadline for submission: 1-15-26**