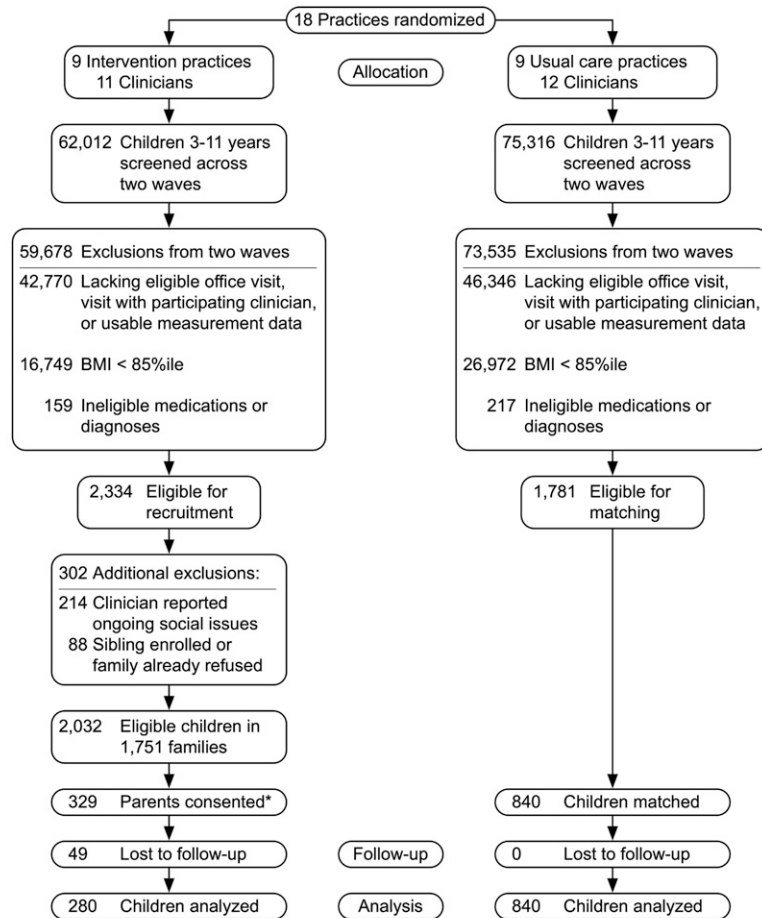


## Supplemental Information



\*89 participants subsequently withdrew, but were included in the analysis

### SUPPLEMENTAL FIGURE 3

Consort diagram.

### Methods

A key inclusion criterion for practices was using Physician's Computer Company as their EHR vendor for the prior two years and throughout the intervention. The study team worked with Physician's Computer Company to modify their EHR to facilitate recruitment of eligible families, manage MI delivery, and simplify billing and coding. Practices that provided a comprehensive weight loss program or routine access to RD services were excluded. Pediatric clinicians with prior extensive MI experience or those who had participated in the previous BMI<sup>2</sup> studies were excluded. Each practice had 1 to 2 pediatric clinicians who provided written informed consent for their participation.

The COVID-19 pandemic impacted our intervention and assessment protocols. We extended the intervention period from the original end date of Spring 2020 through January 2021, as many of our practices were overwhelmed

with managing COVID-19 responsibilities and were unable to fully implement the BMI<sup>2+</sup> intervention. During that early phase of COVID-19 we also reduced the frequency of our communication with practices to reduce burden. With regard to assessment of our main outcome, beginning in early 2020, there was a significant drop in well-child visits in our practices that continued through early 2021, leaving many children missing BMI values. Parents of intervention children ( $n = 139$ ) with missing BMI values were offered \$50 if they completed an in-person visit for height and weight at their pediatric office. One hundred and eight parents received the \$50 for providing in-clinic BMI. Those who did not complete the in-person visit were given the option to collect height and weight at home for which parents received \$25. This was done over Zoom-for-Healthcare using a study-provided measurement kit and coaching from an RD. Six parents completed the home measurement option.

### **Study Portals**

Separate portals were developed for RDs, pediatric clinicians, and parents. RDs and pediatric clinicians used their portal to access study-related information, clinical notes from RD counseling sessions, and supplemental MI training resources. Parent portals housed

consent and assessment forms, summaries of past RD counseling calls, scheduling capabilities for future calls, and access to educational materials (in English or Spanish). A secured chat feature allowed for messaging between parents and RDs, and between RDs and pediatric clinicians.