Lessons Learned from Implementing a Weight Management Program in a Patient-Centered Medical Home Based on USPSTF Recommendations

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Background

Problem: Nearly 40% of the US adult population is obese (BMI ≥ 30 kg/m^2) and at increased risk of developing preventable health conditions

Medicare guidelines for delivering Intensive Behavioral Therapy (IBT) for obesity in primary care,[1] based on US Preventive Services Task Force (USPSTF) recommendations:[2]

- First Month: One session/week
- Months 2-6: Two sessions/month
- Month 6: Reassess BMI and readiness to change
- Months 7-12: One session/month if lost ≥ 3kg (6.6lbs) in 1st 6 months

IBT Content:
- 5As (Assess, Advise, Agree, Assist, Arrange) to "promote sustained weight loss" focused on diet and exercise interventions

Setting

UNC Family Medicine Center
- Large academic family medicine center
- Patient-centered medical home (PCMH)
- Serves a diverse population
- State public institution

Drivers of Program Development

- **Obesity = multifactorial problem** not adequately addressed during primary care provider (PCP) visits
- **Collaboration with interprofessional providers and resources**
  Existing Tobacco Treatment Program utilizing clinical social workers (LCSW), Masters of Social Work (MSW) students and Preventive Medicine (PM) residents to provide evidence-based IBT

Program Aim

Develop an evidence-based, self-sustaining Weight Management Program (WMP) to augment PCP's ability to treat obesity in a PCMH **by adding interdisciplinary learners and group treatment sessions.**

Methods

Intervention Design: Pilot, single-site feasibility study

Participation Criteria:
- Established PCMH patients
- ≥ 18 years of age
- BMI ≥ 30 or BMI ≥ 25 with obesity-related comorbidity
- Completed ≥ 4 sessions

Measures:
- Program reach
- Demographics
- Clinically significant weight loss (defined as ≥ 5% compared to baseline weight)
- Financial sustainability

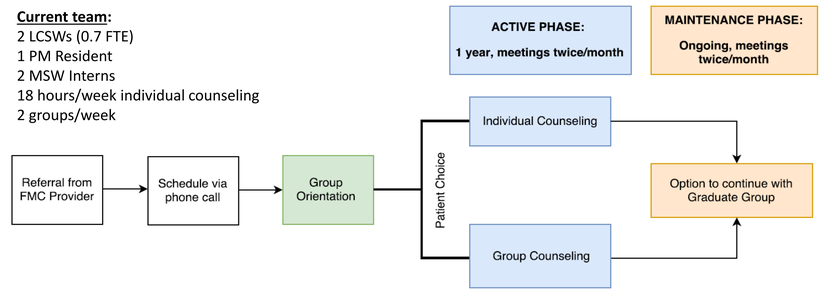
Program Evolution

Phase 1 (September 2015 – June 2016):
- 1 LCSW provided individual counseling, 6 hours/week (open to 25% of PCMH)

Phase 2 (July 2016 – April 2017):
- Involved MSW interns and PM residents to increase capacity (open to all PCMH)
- Added option for 6-week group counseling

Phase 3 (May 2017 – May 2018):

Current team:
2 LCSWs (0.7 FTE)
1 PM Resident
2 MSW Interns
18 hours/week individual counseling
2 groups/week



Results

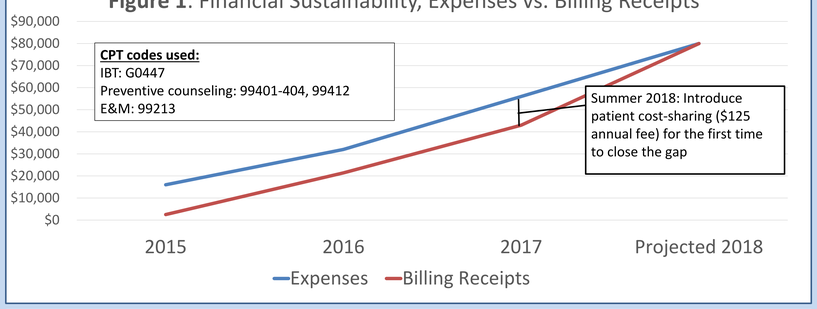
- **Reach:**
  - >2000 completed sessions since inception
  - >400 unique patients served (completed at least one session)
- **Demographics (See Table 1):**
  - Average age = 48.5 years
  - 71% have at least one obesity-related comorbidity
    - Hypertension = most common (58%)
- **Participant Weight Loss:**
  - 76% maintained or lost weight
  - 33% achieved clinically significant weight loss
- **Financial Sustainability (See Figure 1):**
  - Built self-sustaining program through patient cost-sharing and billing receipts

Results (Continued)

Table 1: Demographics (N=409)

Race	**Black/African American**	**46%**
	White/Caucasian	**45%**
	Other	6%
	Unknown	2%
	Asian	1%
	Patient Declined	0.24%
	American Indian/Alaska Native	0.24%
Ethnicity	**Non-Latino/Hispanic**	**92%**
	Latino/Hispanic	4%
	Other	3.5%
	Patient Declined	0.5%
Gender	**Female**	**77%**
	Male	23%
Comorbidity	**Hypertension**	**58%**
	Diabetes Mellitus, Type 2	25%
	Depression	25%
	Obstructive Sleep Apnea	22%
	Osteoarthritis	19%
	Polycystic Ovarian Syndrome	5%

Figure 1: Financial Sustainability, Expenses vs. Billing Receipts



Discussion

Lessons Learned:
- Can successfully implement an evidence-based, self-sustaining WMP **using interdisciplinary learners and group treatment sessions**
- Can augment PCP's ability to treat obesity in a PCMH
- Can train interprofessional learners in IBT for obesity

Limitation:
- Change in data collection tools over time complicates reporting longitudinal trends

Next Steps:
- Increase WMP's reach and financial sustainability
- Evaluate its impact on quality metrics (e.g., HbA1c)
- Diversify population served – Latino population, men

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[1] Decision Memo for Intensive Behavioral Therapy for Obesity (CAG-00423N) https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?&NcaName=Intensive%20Behavioral%20Therapy%20for%20Obesity&bc=ACAAAAAIAAA&NCAId=253

[2] *Final Recommendation Statement: Obesity in Adults: Screening and Management*. U.S. Preventive Services Task Force. December 2016. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-adults-screening-and-management