**COPE Presents:** “Addressing Obesity Within Primary Care: Opportunities and a Multidisciplinary Approach”

**Lauren R. Sastre, PhD, RDN, LDN**

**October 14th, 2020**

*Moderator: Lisa Diewald, MS, RD, LDN*

*Presenter: Lauren R. Sastre, PhD, RDN, LDN*

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00:00:03.689 --> 00:00:08.880

Villanova Webinar 1: And so many pandemic related changes have occurred in our own personal and professional lives.

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00:00:09.360 --> 00:00:24.060

Villanova Webinar 1: We are so grateful that you've chosen to attend what promises to be an informative and insightful virtual continuing education opportunity that showcases more opportunities for interdisciplinary work around obesity treatment in primary care settings.

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00:00:25.410 --> 00:00:30.870

Villanova Webinar 1: We have close to 200 health professionals registered for this webinar and we're excited to get started.

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00:00:32.040 --> 00:00:43.200

Villanova Webinar 1: Although obesity affects 42.4% of adults in the United States, leading to complications such as heart disease, stroke, type two diabetes and some types of cancer,

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00:00:43.500 --> 00:00:51.030

Villanova Webinar 1: Very little research is available documenting the effectiveness of interprofessional collaboration and treatment within primary care.

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00:00:51.600 --> 00:00:57.180

Villanova Webinar 1: We're looking forward to our presentation today, which highlights the importance of working together

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00:00:57.690 --> 00:01:07.290

Villanova Webinar 1: with those struggling with obesity and also provide some best practices when it comes to use of intensive lifestyle and behavioral intervention in the primary care setting.

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00:01:08.160 --> 00:01:17.190

Villanova Webinar 1: My name is Lisa Diewald. I'm the program manager for the MacDonald Center for Obesity Prevention and Education at Villanova University Fitzpatrick College of Nursing.

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00:01:18.120 --> 00:01:20.880

Villanova Webinar 1: I have the pleasure of being the moderator for today's webinar.

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00:01:21.570 --> 00:01:32.130

Villanova Webinar 1: Villanova University M. Louise Fitzpatrick College of Nursing is home to the first College of Nursing in the country to have a center devoted exclusively to obesity prevention and education.

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00:01:32.700 --> 00:01:40.620

Villanova Webinar 1: COPE's goals are to enhance nursing education and topics related to nutrition, obesity prevention and health promotion strategies,

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00:01:40.980 --> 00:01:58.050

Villanova Webinar 1: to provide continuing education programs such as this webinar on obesity and obesity-related diseases for health professionals and educators, and finally to participate in research to expand and improve evidence-based approaches for obesity prevention and education in our community.

13

00:02:02.700 --> 00:02:12.990

Villanova Webinar 1: Before we begin the presentation, I would just like to remind you that PDFs of today's PowerPoint slides are posted on the COPE website at villanova.edu/cope

14

00:02:13.440 --> 00:02:18.540

Villanova Webinar 1: After going to COPE's website, simply click on the webinar description page for this month's webinar.

15

00:02:19.410 --> 00:02:28.320

Villanova Webinar 1: Please use the question and answer box on your screen to submit any questions for our speaker. All questions will be answered at the end of the program as time permits.

16

00:02:28.710 --> 00:02:36.960

Villanova Webinar 1: The expected length of the webinar is one hour. The session, along with a transcript will be recorded and placed on the COPE website within the next week.

17

00:02:38.730 --> 00:02:53.340

Villanova Webinar 1: If you happen to call into the webinar today and want CE credit for attending the webinar, please just take a moment afterwards to email us at cope@villanova.edu and provide your name, so that we can send you your CE certificate.

18

00:02:56.760 --> 00:03:09.120

Villanova Webinar 1: The objectives for today's presentation are to describe the history of intensive lifestyle interventions such as intensive behavioral therapy for obesity and effectiveness in primary care.

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00:03:09.780 --> 00:03:24.270

Villanova Webinar 1: Next to identify core IBTO services, requirements, and available resources and finally, to review research on physician preferences and interest in integrating RDN/nutrition care within the primary care setting.

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00:03:25.800 --> 00:03:37.800

Villanova Webinar 1: Villanova University's M. Louise Fitzpatrick College of Nursing is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

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00:03:38.400 --> 00:03:50.130

Villanova Webinar 1: Villanova University College of Nursing continuing education COPE is also continuing professional education CPE accredited provider with the Commission on Dietetic Registration.

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00:03:53.040 --> 00:04:15.390

Villanova Webinar 1: Our webinar this month towards one contact hour for nurses and one CPEU for dietitians and DTRs. The suggested CDR Performance Indicators are 6.3.11, 9.3.1,12.2.2, 12.5.4 and the CDR level of the webinar is two.

23

00:04:18.120 --> 00:04:26.700

Villanova Webinar 1: Next I have the privilege of introducing our speaker for today's webinar. Lauren R. Sastre, PhD, RDN, LDN

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00:04:27.090 --> 00:04:33.780

Villanova Webinar 1: is Assistant Professor in the Department of Nutrition Science in the College of Allied Health Sciences at East Carolina University.

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00:04:34.410 --> 00:04:46.710

Villanova Webinar 1: She earned her MS and PhD degrees in Nutrition Science from the University of North Carolina at Greensboro and her research interests include primary and preventative care chronic disease prevention

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00:04:47.220 --> 00:04:54.060

Villanova Webinar 1: and management, especially in underserved populations, social determinants of health and food insecurity.

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00:04:54.600 --> 00:05:09.690

Villanova Webinar 1: Dr. Sastre is a frequent presenter on regional and national levels and is author on many peer reviewed articles addressing barriers to nutrition and health care health inequities and advancing preventative care and diabetes management through novel approaches.

28

00:05:11.790 --> 00:05:21.210

Villanova Webinar 1: While we are preparing for Dr. Sastre's presentation to begin, I just wanted to mention that neither the presenter, nor the planners of this webinar, have any disclosures to report.

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00:05:21.810 --> 00:05:34.830

Villanova Webinar 1: Accredited status does not imply endorsement by Villanova University, COPE, or the American Nurses Credentialing Center of any commercial products or medical nutrition advice displayed in conjunction with an activity.

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00:05:35.910 --> 00:05:47.430

Villanova Webinar 1: And with that I welcome Dr. Sastre, I appreciate her patience and yours as we navigate through some technological challenges this morning. We will turn things over to her for the presentation.

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00:05:48.210 --> 00:05:55.260

Villanova Webinar 1: Thank you, Dr. Sastre for presenting our webinar today. We extend a warm welcome virtually from Villanova University

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00:05:56.430 --> 00:06:10.440

Villanova Webinar 1: Fitzpatrick College of Nursing. We do have a short poll that Dr. Sastre will be conducting today and Dr. Sastre, you can just let us know when you'd like us to deploy that poll for you.

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00:06:11.730 --> 00:06:28.110

Lauren R Sastre, PhD, RDN, LDN: Thank you, Lisa. And thank you for the wonderful and warm introduction. I am very excited to talk about IBTO and multidisciplinary care with your audience today. If we could start off with the poll, that would be wonderful.

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00:07:20.520 --> 00:07:33.210

Lauren R Sastre, PhD, RDN, LDN: Alright, thank you very much for that. It is helpful to get some feedback from the audience and to see who's currently working in primary care. So it looks like we have about a third of our audience today

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00:07:33.780 --> 00:07:44.670

Lauren R Sastre, PhD, RDN, LDN: is working in a primary care setting, two thirds in some other setting and most folks, two thirds, are providing some type of weight management or obesity care.

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00:07:45.900 --> 00:07:47.850

Lauren R Sastre, PhD, RDN, LDN: Thank you very much for

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00:07:49.020 --> 00:07:49.950

Lauren R Sastre, PhD, RDN, LDN: that.

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00:07:52.920 --> 00:07:53.670

Lauren R Sastre, PhD, RDN, LDN: Alright.

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00:07:59.760 --> 00:08:09.240

Lauren R Sastre, PhD, RDN, LDN: So to begin with, as we start talking about obesity management and obesity care, this is a

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00:08:10.170 --> 00:08:19.350

Lauren R Sastre, PhD, RDN, LDN: health care concern and issue that continues to be timely and continues to be incredibly important for us to be addressing.

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00:08:20.130 --> 00:08:35.760

Lauren R Sastre, PhD, RDN, LDN: We continue to identify or diagnose obesity using the clinical standard of the BMI of 30 or greater. We're continuing to see obesity rates rise in the United States.

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00:08:36.840 --> 00:08:47.670

Lauren R Sastre, PhD, RDN, LDN: I think of giving presentations, a decade ago where we were hovering around a third of the US and now we're starting to inch towards almost half of our nation

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00:08:48.390 --> 00:09:02.220

Lauren R Sastre, PhD, RDN, LDN: fitting that criteria for obesity. Obesity is concerning because of its association with chronic diseases such as heart disease, stroke, type two diabetes and various cancers.

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00:09:03.300 --> 00:09:15.000

Lauren R Sastre, PhD, RDN, LDN: We also know that obesity is associated with metabolic abnormalities and that even that patient with obesity that presents may be a normal metabolic profile.

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00:09:16.230 --> 00:09:31.890

Lauren R Sastre, PhD, RDN, LDN: A recent meta-analysis demonstrates that within a decade, there are abnormalities that will occur. So even for that metabolically normal obese patient, there's still a high level of risk of

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00:09:32.220 --> 00:09:50.460

Lauren R Sastre, PhD, RDN, LDN: disease and dysfunction down the road. So obesity is critical for us to be addressing. In addition to the impact on quality of life and increased risk of chronic disease, it is also a driving force for increasing healthcare costs and expenditures.

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00:09:51.570 --> 00:10:05.730

Lauren R Sastre, PhD, RDN, LDN: It is estimated over $147 billion are spent annually in managing conditions associated with obesity. So addressing obesity also can help us drive down costs and spending in healthcare in the United States.

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00:10:10.590 --> 00:10:20.190

Lauren R Sastre, PhD, RDN, LDN: Likely due to these metabolic abnormalities that we see with obesity, we know that there's an increased risk of chronic disease.

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00:10:20.820 --> 00:10:30.090

Lauren R Sastre, PhD, RDN, LDN: Logically, along with that, when we look at care guidelines for managing chronic diseases such as diabetes, hypertension, heart disease;

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00:10:30.390 --> 00:10:42.420

Lauren R Sastre, PhD, RDN, LDN: most of our clinical guidelines that we see through organizations such as the American Diabetes Association or the American Heart Association, the American College of Cardiology,

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00:10:42.690 --> 00:10:52.950

Lauren R Sastre, PhD, RDN, LDN: most of those guidelines for managing these conditions include nutrition and lifestyle recommendations which all have weight management incorporated into them.

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00:10:53.220 --> 00:10:58.500

Lauren R Sastre, PhD, RDN, LDN: And for these chronic diseases that are again very much associated with obesity,

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00:10:59.040 --> 00:11:05.640

Lauren R Sastre, PhD, RDN, LDN: we see that weight management and weight loss is promoted in every set of guidelines and that is because

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00:11:05.880 --> 00:11:24.300

Lauren R Sastre, PhD, RDN, LDN: we know when we see when weight goes down, we see that weight loss, we see

A1C go down and improved glycemic control. We see improved lipid panels for our patients, with triglycerides going down, cholesterol going down, and of course, blood pressure going down

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00:11:25.830 --> 00:11:38.430

Lauren R Sastre, PhD, RDN, LDN: with weight loss as well. We've got benefits beyond addressing obesity, but also addressing these risk factors for poor management of chronic disease as well so much benefit

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00:11:38.910 --> 00:11:50.220

Lauren R Sastre, PhD, RDN, LDN: to being able to address obesity. In fact, when we look at the research for intensive lifestyle interventions to address obesity, there have been some studies that have shown

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00:11:50.670 --> 00:12:08.040

Lauren R Sastre, PhD, RDN, LDN: that addressing obesity through an intensive lifestyle intervention can actually be more beneficial for patients than standard diabetes care, particularly for your diabetic patients with regards to improving their glycemic profile and reducing their A1c.

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00:12:15.480 --> 00:12:29.550

Lauren R Sastre, PhD, RDN, LDN: But, it's not been that long that obesity has been recognized as its own chronic disease. In 2018, The Obesity Society started to,

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00:12:29.880 --> 00:12:43.530

Lauren R Sastre, PhD, RDN, LDN: publicly identified in a consensus statement that obesity should be recognized as a unique chronic disease state because of the metabolic abnormalities that are very common with obesity.

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00:12:44.460 --> 00:12:51.180

Lauren R Sastre, PhD, RDN, LDN: Even though we have had obesity management and treatment guidelines from the

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00:12:51.900 --> 00:13:04.230

Lauren R Sastre, PhD, RDN, LDN: National Heart, Lung, Blood Institute, since the 1990s for primary care providers; again 1990s, we had guidelines for primary care for a while to address obesity;

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00:13:05.190 --> 00:13:20.790

Lauren R Sastre, PhD, RDN, LDN: It was not until 2018 though that the United States Preventative Task Force recommended that primary care providers start to screen, identify, and refer patients who are obese

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00:13:21.360 --> 00:13:35.880

Lauren R Sastre, PhD, RDN, LDN: for additional treatment, for intensive behavioral therapy by a qualified healthcare provider. An exciting piece of that 2018 recommendation, if you are not familiar with it is that specific

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00:13:36.540 --> 00:13:51.960

Lauren R Sastre, PhD, RDN, LDN: new set of guidelines for obesity management specifically named dietitians, registered dietitians, nutritionists, as someone that should be a primary person to refer obese patients. Before this recommendation,

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00:13:53.040 --> 00:14:00.390

Lauren R Sastre, PhD, RDN, LDN: there were guidelines for primary care providers to address obesity, sure, but there was not a specific recommendation

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00:14:00.720 --> 00:14:09.150

Lauren R Sastre, PhD, RDN, LDN: that they should be referred for additional care and support and treatment by Registered Dietitian Nutritionists. So this was a very exciting

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00:14:09.870 --> 00:14:15.180

Lauren R Sastre, PhD, RDN, LDN: I think, update to the guidelines by the US Preventive Services Task Force.

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00:14:15.660 --> 00:14:29.280

Lauren R Sastre, PhD, RDN, LDN: It was very timely and it was very needed and it's very recent. It's also and I'll come back to this, one of the driving forces for some of the research that I will be covering in this presentation as well.

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00:14:35.280 --> 00:14:42.930

Lauren R Sastre, PhD, RDN, LDN: Again, that recommendation for primary care providers, really to make sure that they are screening

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00:14:43.440 --> 00:14:53.940

Lauren R Sastre, PhD, RDN, LDN: and identifying obesity and referring patients to appropriate obesity treatment and management is very critical. I think it was very timely because it

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00:14:54.540 --> 00:15:04.740

Lauren R Sastre, PhD, RDN, LDN: definitely is building off of identified gaps that physicians and primary care providers historically have reported that they don't have enough time.

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00:15:05.340 --> 00:15:17.130

Lauren R Sastre, PhD, RDN, LDN: Some have reported they don't have the training or knowledge, but all report that they lack time to be able to provide this intensive support that's necessary to be able to address obesity.

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00:15:17.490 --> 00:15:22.650

Lauren R Sastre, PhD, RDN, LDN: A physician at Duke about 10 years ago in 2009

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00:15:23.280 --> 00:15:36.450

Lauren R Sastre, PhD, RDN, LDN: published a study that found that primary care providers would have to provide care 21.7 hours a day in order to address acute conditions,

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00:15:36.690 --> 00:15:51.660

Lauren R Sastre, PhD, RDN, LDN: chronic conditions and also be able to provide nutrition and lifestyle and weight management support that is clearly not possible. That finding in combination with the recommendation

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00:15:52.920 --> 00:16:00.750

Lauren R Sastre, PhD, RDN, LDN: that patients really should be referred to a registered dietitian nutritionist, who is very well prepared and qualified

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00:16:01.170 --> 00:16:10.260

Lauren R Sastre, PhD, RDN, LDN: to manage weight and support obesity treatment, these two pieces together really demonstrate the necessity that this become more common.

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00:16:10.770 --> 00:16:23.580

Lauren R Sastre, PhD, RDN, LDN: Primary Care is also the setting where this should be happening and it makes sense for there to be recommendations for this to increase in primary care because the focus of primary care is prevention.

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00:16:24.270 --> 00:16:35.730

Lauren R Sastre, PhD, RDN, LDN: It is health promotion. It is where the majority of patient education and counseling are supposed to, in theory, be happening with regards to health care settings.

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00:16:36.690 --> 00:16:47.910

Lauren R Sastre, PhD, RDN, LDN: In addition, most of our chronic care guidelines suggest or not just suggest, they highly recommend multidisciplinary care where we have

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00:16:48.720 --> 00:17:01.140

Lauren R Sastre, PhD, RDN, LDN: members of a care team who each have their own unique expertise, working together collaboratively, communicating to plan and manage patient care.

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00:17:01.650 --> 00:17:12.870

Lauren R Sastre, PhD, RDN, LDN: If there's not access or inclusion of a registered dietitian nutritionist in these teams, there's not someone to be able to make those referrals that have now been recommended.

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00:17:13.260 --> 00:17:26.070

Lauren R Sastre, PhD, RDN, LDN: There is not someone to manage obesity and the conditions that we also see often are associated type two diabetes, cardiovascular disease, hypertension. So it's really critical

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00:17:26.520 --> 00:17:36.840

Lauren R Sastre, PhD, RDN, LDN: that there's access to nutrition care in order to provide support for interdisciplinary care and to support primary care providers

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00:17:37.170 --> 00:17:43.020

Lauren R Sastre, PhD, RDN, LDN: where studies have found over and over again that there is a lack of time. Some have looked at training, but

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00:17:43.500 --> 00:17:56.550

Lauren R Sastre, PhD, RDN, LDN: all of them consistently report, there's a lack of time in order to be able to provide this care so that partnership and that working together is very critical. I know here at ECU, our family medicine practice,

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00:17:57.360 --> 00:18:04.710

Lauren R Sastre, PhD, RDN, LDN: the diabetes care team is an interdisciplinary team and they tag team patients when they come in on Tuesdays.

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00:18:04.950 --> 00:18:13.800

Lauren R Sastre, PhD, RDN, LDN: And they have actually been able to increase the patient volume, because they're taking turns seeing the patient in this incremental huddled care.

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00:18:14.160 --> 00:18:20.280

Lauren R Sastre, PhD, RDN, LDN: Even though they don't all necessarily bill for services as a member of that collaborative care team,

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00:18:20.760 --> 00:18:26.280

Lauren R Sastre, PhD, RDN, LDN: they're able to see so many patients that for the folks who can do the billing who can be reimbursed

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00:18:26.640 --> 00:18:31.110

Lauren R Sastre, PhD, RDN, LDN: for services provided, they're able to maintain their patient volume and still

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00:18:31.410 --> 00:18:46.620

Lauren R Sastre, PhD, RDN, LDN: have the necessary support financially in order to make that happen. I think it's also very important and critical that we're being realistic in looking at models that are financially supportive of being able to deliver this in real settings.

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00:18:52.110 --> 00:19:02.070

Lauren R Sastre, PhD, RDN, LDN: We have evidence that primary care providers lack time to be able to provide lifestyle management nutrition care.

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00:19:02.430 --> 00:19:11.550

Lauren R Sastre, PhD, RDN, LDN: We also have in the last two years, a recommendation that obese patients at a minimum should be referred to a registered dietitian nutritionist.

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00:19:12.120 --> 00:19:20.460

Lauren R Sastre, PhD, RDN, LDN: And we have strong evidence of the impact of care by Registered Dietitian Nutritionists in primary care

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00:19:20.970 --> 00:19:28.740

Lauren R Sastre, PhD, RDN, LDN: for improving patient outcomes. There was a very nice systematic review published in 2017 by the Journal of the American

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00:19:29.340 --> 00:19:43.080

Lauren R Sastre, PhD, RDN, LDN: Academy of Nutrition and Dietetics, which looked at the impact of Registered Dietitian Nutritionist care on patient outcomes, specifically in the primary care setting.

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00:19:43.650 --> 00:19:50.190

Lauren R Sastre, PhD, RDN, LDN: Significant reductions in A1C, in weight, and improvement in diet quality

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00:19:50.550 --> 00:20:10.950

Lauren R Sastre, PhD, RDN, LDN: were cited in the majority of the 20 so studies that were evaluated in that systematic review; very strong evidence of the impact that a registered dietitian nutritionist can have in the setting and the critical value that they bring as well. Other studies, specifically looking at

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00:20:12.240 --> 00:20:28.170

Lauren R Sastre, PhD, RDN, LDN: lower socioeconomic, more vulnerable patient populations, registered dietitian nutrition care has consistently demonstrated impact on patient outcomes. A study by Warner and Fiscella also found similar findings.

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00:20:28.620 --> 00:20:41.460

Lauren R Sastre, PhD, RDN, LDN: Decreased A1C, significantly decreased weight, value of that care even for a patient population that faces more barriers, probably accessing healthy food and having some of that support

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00:20:42.450 --> 00:20:50.070

Lauren R Sastre, PhD, RDN, LDN: to be able to make diet and lifestyle changes, you know gym access, access to safe green space, many of the things that we know

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00:20:50.790 --> 00:21:01.350

Lauren R Sastre, PhD, RDN, LDN: can be barriers for lower income patients. We have evidence of the benefits of registered nutrition, registered dietitian nutritionist care.

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00:21:01.890 --> 00:21:10.980

Lauren R Sastre, PhD, RDN, LDN: There's still a lot of gaps in research looking at registered dietitian nutritionists in primary care to address obesity specifically

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00:21:11.460 --> 00:21:19.140

Lauren R Sastre, PhD, RDN, LDN: and a lot of gaps, still looking at the registered dietitian nutritionist role in multidisciplinary care.

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00:21:19.680 --> 00:21:30.480

Lauren R Sastre, PhD, RDN, LDN: How many physicians have access to an RDN? How many of them are integrating them into their care? There are many, many gaps in research for primary care

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00:21:31.140 --> 00:21:40.680

Lauren R Sastre, PhD, RDN, LDN: including Registered Dietitian Nutritionists, a lot of work to be done to continue exploring things. Two years ago, the US preventative Task Force

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00:21:41.010 --> 00:21:57.450

Lauren R Sastre, PhD, RDN, LDN: recommended that primary care providers refer patients to a dietitian. Great. How many practices have one. How many physicians have one they can connect with. What do they think about that. Do they want to make these referrals. What are barriers for them to make these referrals.

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00:21:58.680 --> 00:22:06.750

Lauren R Sastre, PhD, RDN, LDN: And then what is, what is the impact of this care by dietitians. We have a recommendation that we should be referring patients.

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00:22:07.560 --> 00:22:14.460

Lauren R Sastre, PhD, RDN, LDN: But we don't have a lot of evidence and data collected specifically on Registered Dietitian Nutritionists provided

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00:22:15.180 --> 00:22:27.600

Lauren R Sastre, PhD, RDN, LDN: obesity treatment, especially intensive behavioral therapy for obesity, which is a very specific type. So lots of gaps and some of those gaps will be what I will be covering and exploring further today.

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00:22:31.470 --> 00:22:40.170

Lauren R Sastre, PhD, RDN, LDN: If you are not familiar with intensive behavioral therapy for obesity or IBTO which I will call it moving forward,

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00:22:41.370 --> 00:22:45.840

Lauren R Sastre, PhD, RDN, LDN: in 2011 the Centers for Medicaid and Medicare

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00:22:47.970 --> 00:23:00.780

Lauren R Sastre, PhD, RDN, LDN: basically they decided to start reimbursing IBTO because the evidence was so strong of patient benefit, but this was only for

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00:23:01.170 --> 00:23:08.940

Lauren R Sastre, PhD, RDN, LDN: Medicare patients. As most of you would be familiar, that would be your patients that are primarily ages 65 and higher

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00:23:09.780 --> 00:23:17.580

Lauren R Sastre, PhD, RDN, LDN: to be able to receive this service if they had the, if they were a part B beneficiary, if they had that additional

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00:23:18.150 --> 00:23:35.400

Lauren R Sastre, PhD, RDN, LDN: Medicare coverage. Again, the part B beneficiaries are the ones this is targeted to. They can receive an entire year of IBTO therapy from a qualified healthcare provider. Since 2011 when this was

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00:23:36.870 --> 00:23:42.840

Lauren R Sastre, PhD, RDN, LDN: proclaimed that this service has been able to be reimbursed and provided by primary care providers.

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00:23:43.290 --> 00:23:50.610

Lauren R Sastre, PhD, RDN, LDN: Again, going in terms of our trajectory, in 1998, we really had firm guidelines from the National Heart,

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00:23:51.000 --> 00:24:06.450

Lauren R Sastre, PhD, RDN, LDN: Lung, and Blood Institute on obesity treatment. It's not till 2011 that we have Medicare actually start to reimburse for this treatment and so clearly that's also a very important piece. We have to have that reimbursement.

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00:24:07.530 --> 00:24:18.900

Lauren R Sastre, PhD, RDN, LDN: And so what does IBTO include in order for it to be provided. A patient must be at a primary care setting. So there is a setting requirement for this.

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00:24:19.230 --> 00:24:29.100

Lauren R Sastre, PhD, RDN, LDN: Their screen for obesity and it's identified by having a BMI over 30 as we would expect based off of most of our other guidelines.

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00:24:29.670 --> 00:24:43.530

Lauren R Sastre, PhD, RDN, LDN: Each patient receives a full nutrition assessment as a part of this care and then the focus is on this very regular, very frequent, very high intensity behavioral counseling

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00:24:44.400 --> 00:24:59.430

Lauren R Sastre, PhD, RDN, LDN: Which focus on things, the staples of weight management, including decreasing energy intake, increasing energy expenditure and then much of that behavioral therapy support;

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00:25:00.000 --> 00:25:04.080

Lauren R Sastre, PhD, RDN, LDN: Motivational Interviewing, intensive counseling and

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00:25:04.590 --> 00:25:24.570

Lauren R Sastre, PhD, RDN, LDN: for some, using the five A's approach. The behavioral therapy piece is the third also important piece. We've got that promotion of increased physical activity and energy expenditure, decreased caloric intake or energy intake, and then regular

127

00:25:25.590 --> 00:25:30.630

Lauren R Sastre, PhD, RDN, LDN: follow ups, consistent follow ups for that intensive behavioral support.

128

00:25:34.170 --> 00:25:47.490

Lauren R Sastre, PhD, RDN, LDN: Within the guidelines, more specifically, to provide IBTO, which again IBTO is a specific type of intensive behavioral therapy that is for Medicare

129

00:25:48.330 --> 00:26:00.810

Lauren R Sastre, PhD, RDN, LDN: Beneficiaries on the B plan. On this, within this treatment, if their BMI is over 30 and they are referred for IBTO,

130

00:26:01.230 --> 00:26:13.020

Lauren R Sastre, PhD, RDN, LDN: they will have weekly visits the first month. Each week that first month, they're coming in. They have that initial baseline assessment and they're continuing to come in on a weekly basis for the first month.

131

00:26:13.500 --> 00:26:26.880

Lauren R Sastre, PhD, RDN, LDN: After that for the rest of the first six month period, it is an every other week appointment. This is very intensive and this is also why intensive behavioral therapy for obesity

132

00:26:27.390 --> 00:26:37.290

Lauren R Sastre, PhD, RDN, LDN: is considered an intensive lifestyle intervention or treatment. To be considered an intensive lifestyle intervention or treatment, the patient

133

00:26:37.680 --> 00:26:46.560

Lauren R Sastre, PhD, RDN, LDN: or the client is supposed to receive at least 14 contacts over a minimum of 20 weeks.

134

00:26:47.010 --> 00:26:58.230

Lauren R Sastre, PhD, RDN, LDN: That is the high intensity requirement for intensive behavioral therapy and that has pretty much been the standard for intensive behavioral therapy

135

00:26:58.890 --> 00:27:15.180

Lauren R Sastre, PhD, RDN, LDN: since the 1970s. What makes IBTO unique is that it is a CMS reimbursable treatment and it has its own very specific guidelines, which include again, some of the components on this slide. Weekly visits during month one,

136

00:27:15.690 --> 00:27:23.190

Lauren R Sastre, PhD, RDN, LDN: bi-weekly for the rest of that first six months and then if the patient has lost three kilograms,

137

00:27:24.120 --> 00:27:33.210

Lauren R Sastre, PhD, RDN, LDN: then they are able to continue receiving IBTO treatment for the rest of the year. It is a yearlong intensive treatment.

138

00:27:33.510 --> 00:27:50.550

Lauren R Sastre, PhD, RDN, LDN: It is front loaded to have high frequency, high duration visits and then they kind of trickle off. That hopefully, that patient has been, they have entered a trajectory of making that behavior change. And then it's really just touching base with them as they move forward.

139

00:27:54.720 --> 00:27:58.500

Lauren R Sastre, PhD, RDN, LDN: Some of the critical things for IBTO

140

00:27:59.700 --> 00:28:06.660

Lauren R Sastre, PhD, RDN, LDN: You have to weigh the patient and document the amount of weight at that month six

141

00:28:07.200 --> 00:28:16.590

Lauren R Sastre, PhD, RDN, LDN: benchmark because that is what you have to use in order for the service to continue and for you to continue being reimbursed for that service.

142

00:28:17.070 --> 00:28:32.040

Lauren R Sastre, PhD, RDN, LDN: If patients do not achieve that three kilogram weight loss in the first six months, they can still start back over and have IBTO again. You just have a little bit of a wait period before you can enroll them again.

143

00:28:32.340 --> 00:28:46.710

Lauren R Sastre, PhD, RDN, LDN: If you are a person or your patients, your clients, they do not lose the three kilograms the first six months, you have a six month wait period and then they can start again. One other really important

144

00:28:47.250 --> 00:28:56.280

Lauren R Sastre, PhD, RDN, LDN: piece for IBTO specifically is that it can be repeated. We know those of you, and you know, two thirds of the audience provide

145

00:28:56.550 --> 00:29:12.210

Lauren R Sastre, PhD, RDN, LDN: weight management, obesity treatment. We see people struggle with that weight coming back on. One of the nice things about IBTO is it can be repeated and you technically can provide this IBTO support every year

146

00:29:12.840 --> 00:29:22.800

Lauren R Sastre, PhD, RDN, LDN: that a patient is willing to continue the treatment. So you can almost use it as its own maintenance program moving forward. Now, it's very intensive

147

00:29:23.250 --> 00:29:38.490

Lauren R Sastre, PhD, RDN, LDN: and they have to continue losing weight to keep moving throughout the full year but you can repeat it for patients as frequently as you would like. You just have to have that six month wait period if they've not lost the initial three kilograms.

148

00:29:42.570 --> 00:29:57.720

Lauren R Sastre, PhD, RDN, LDN: A few other critical components of IBTO must be provided in the primary care setting. It is not something that you can do if you are a private practice

149

00:29:58.830 --> 00:30:10.500

Lauren R Sastre, PhD, RDN, LDN: RDN unless you are a private practice RDN who has integrated themselves into a primary care setting and the primary care setting is doing the billing.

150

00:30:11.370 --> 00:30:22.410

Lauren R Sastre, PhD, RDN, LDN: They are actually doing the billing and reimbursement through them for that care to be reimbursed. And there is a setting specific requirement for IBTO.

151

00:30:23.610 --> 00:30:34.440

Lauren R Sastre, PhD, RDN, LDN: Dietitians were not initially ones that were on that list to be provided for IBTO so it wasn't really until about 2015

152

00:30:35.130 --> 00:30:47.730

Lauren R Sastre, PhD, RDN, LDN: that we were recognized as being a qualified provider of IBTO. Clearly that's important because we have evidence that other providers don't have time.

153

00:30:48.090 --> 00:30:54.660

Lauren R Sastre, PhD, RDN, LDN: Some studies show they don't have the training, but they definitely don't have the time to be providing this. Then of course

154

00:30:56.340 --> 00:31:05.940

Lauren R Sastre, PhD, RDN, LDN: we had the recommendation that patients be referred to a qualified provider like Registered Dietitian Nutritionists, to be able to provide this care.

155

00:31:07.290 --> 00:31:10.650

Lauren R Sastre, PhD, RDN, LDN: But it is setting specific and so that is something to keep in mind.

156

00:31:14.940 --> 00:31:26.130

Lauren R Sastre, PhD, RDN, LDN: For those of you who may be connecting with a primary care office or for the third of this audience that happens to be working currently in the primary care setting,

157

00:31:26.910 --> 00:31:36.390

Lauren R Sastre, PhD, RDN, LDN: The Academy of Nutrition and Dietetics has a very nice tool kit. If you are currently a member, it is free. If you are not, it's not too expensive.

158

00:31:37.140 --> 00:31:52.620

Lauren R Sastre, PhD, RDN, LDN: I think it's about $25 and you can pay to download the PDF file, but if IBTO is something that you are interested in exploring or seeing if you can have formally integrated where you are currently working

159

00:31:53.160 --> 00:31:59.700

Lauren R Sastre, PhD, RDN, LDN: or trying to plug into a primary care practice, the toolkit provides a lot of lovely resources.

160

00:32:00.720 --> 00:32:13.410

Lauren R Sastre, PhD, RDN, LDN: One component is it really walks you through step by step, the billing and reimbursement how you go through that, how you code for those services.

161

00:32:13.920 --> 00:32:19.170

Lauren R Sastre, PhD, RDN, LDN: It also provides resources for connecting with primary care offices

162

00:32:19.800 --> 00:32:34.500

Lauren R Sastre, PhD, RDN, LDN: including example marketing materials, example outcomes to demonstrate the value of IBTO for patients, not just for treating obesity, but for also improving glycemic control

163

00:32:34.860 --> 00:32:47.130

Lauren R Sastre, PhD, RDN, LDN: lipid panels, blood pressure. So there is a lot of resources to be able to support you in reaching out and trying to expand your practice or expand the integration

164

00:32:47.730 --> 00:33:06.240

Lauren R Sastre, PhD, RDN, LDN: of IBTO in the primary care setting. One of the other things that the IBTO toolkit provides is a suggested set of patient outcomes for tracking. If you are familiar with ANDHII,

165

00:33:07.260 --> 00:33:20.070

Lauren R Sastre, PhD, RDN, LDN: it is the informatics system. It is free for anyone who is a recognized RDN through the CDR. It's not Academy specific. It's CDR

166

00:33:20.730 --> 00:33:30.930

Lauren R Sastre, PhD, RDN, LDN: with the academy working together, but you don't have to be an academy member to use it because they want everyone using it. It is a free system to track your patient outcomes.

167

00:33:31.320 --> 00:33:44.520

Lauren R Sastre, PhD, RDN, LDN: And it is HIPAA secure and HIPAA compliant. I have suggested to folks who are going to start incorporating IBTO or who are interested in and want

168

00:33:45.000 --> 00:33:52.320

Lauren R Sastre, PhD, RDN, LDN: to use the ANDHII system and track their patients outcomes because one of the other things that the ANDHII system

169

00:33:52.800 --> 00:34:03.540

Lauren R Sastre, PhD, RDN, LDN: can do is it can provide you these beautiful graphs and tables that show how you're impacting your patient outcomes with your practice and with your care.

170

00:34:03.900 --> 00:34:09.150

Lauren R Sastre, PhD, RDN, LDN: Wonderful things to be able to share with physicians and share with providers

171

00:34:09.600 --> 00:34:20.730

Lauren R Sastre, PhD, RDN, LDN: in either as demonstration of your value, but also demonstration of your impact. I'll mention that again when I get to the second study that I'll be covering in the

172

00:34:21.300 --> 00:34:29.580

Lauren R Sastre, PhD, RDN, LDN: physicians reporting of being uncertain about the impact of Registered Dietitian Nutrition care and uncertain about the benefit.

173

00:34:29.910 --> 00:34:40.740

Lauren R Sastre, PhD, RDN, LDN: We really have to continue showing our worth and showing our impact and the IBTO toolkit, the blue table that's to the right of the slide,

174

00:34:41.220 --> 00:34:46.560

Lauren R Sastre, PhD, RDN, LDN: that is a page from the toolkit that shows you some of the things they suggest at a minimum

175

00:34:47.250 --> 00:35:05.070

Lauren R Sastre, PhD, RDN, LDN: that you track and then some other things as well. These were also some of the basis that we planned our IBTO study to examine. It was really following the suggested patient outcomes in the toolkit that we should be tracking to demonstrate the impact of IBTO on patient outcomes.

176

00:35:09.630 --> 00:35:20.460

Lauren R Sastre, PhD, RDN, LDN: For this first study, titled Sharing the weight of obesity management in primary care: integration of Registered Dietitian Nutritionists to provide

177

00:35:20.820 --> 00:35:28.350

Lauren R Sastre, PhD, RDN, LDN: intensive behavioral therapy for obesity for Medicare patients. This study was conducted in the last year and a half.

178

00:35:29.040 --> 00:35:42.300

Lauren R Sastre, PhD, RDN, LDN: It was published in February of this year in the Family Practice Journal and we had two primary objectives for this study. The first was to examine integrating RDN IBTO

179

00:35:42.960 --> 00:35:58.500

Lauren R Sastre, PhD, RDN, LDN: and how it impacted patient outcomes. Our secondary objective was to examine factors like age and race on these outcomes and any differences between our patients based off of socioeconomic factors.

180

00:36:01.230 --> 00:36:05.280

Lauren R Sastre, PhD, RDN, LDN: So this was a retrospective chart review.

181

00:36:06.300 --> 00:36:10.500

Lauren R Sastre, PhD, RDN, LDN: We collected patient data from

182

00:36:12.420 --> 00:36:12.780

Lauren R Sastre, PhD, RDN, LDN: 2016 up to 2019.

183

00:36:14.520 --> 00:36:27.780

Lauren R Sastre, PhD, RDN, LDN: The reason we went back to 2016 was that that was when IBTO was formally and fully integrated into the family medicine practice here at ECU.

184

00:36:29.070 --> 00:36:29.910

Lauren R Sastre, PhD, RDN, LDN: In 2015,

185

00:36:31.650 --> 00:36:41.790

Lauren R Sastre, PhD, RDN, LDN: they had started to pilot IBTO, presenting to the providers, what it is, working out a protocol for how patients would be referred.

186

00:36:43.080 --> 00:36:54.420

Lauren R Sastre, PhD, RDN, LDN: And they decided as a practice that of course they were screening for obesity, but that the physicians in addition to screening and identifying obese patients,

187

00:36:54.720 --> 00:37:05.220

Lauren R Sastre, PhD, RDN, LDN: they would also evaluate readiness to change and interest in IBTO. There were some trainings that were provided by the registered dietitian nutritionists

188

00:37:05.730 --> 00:37:20.220

Lauren R Sastre, PhD, RDN, LDN: at that practice working as a team to determine how they would do this. That was what they decided as a team and in, so they ran a pilot in 2015 to see how IBTO was going to work. And if the providers wanted to continue

189

00:37:20.670 --> 00:37:27.540

Lauren R Sastre, PhD, RDN, LDN: making these referrals and having this be something that was provided to patients at the practice. And they did

190

00:37:28.350 --> 00:37:42.330

Lauren R Sastre, PhD, RDN, LDN: want to continue with it. In 2016 it was fully implemented, and that is why we collected data from 19 back to 16. To be eligible for our study and to be a patient whose data we assessed,

191

00:37:43.470 --> 00:37:47.100

Lauren R Sastre, PhD, RDN, LDN: we looked, the inclusion criteria included being female,

192

00:37:48.330 --> 00:37:57.540

Lauren R Sastre, PhD, RDN, LDN: being of white or black race, having Medicare insurance because it is a Medicare specific program and then having a BMI over 30.

193

00:37:58.740 --> 00:38:14.220

Lauren R Sastre, PhD, RDN, LDN: We had both the group that was our treatment group that actually received IBTO and then we collected control matches. This was a case control retrospective study and that was the inclusion criteria.

194

00:38:15.240 --> 00:38:25.290

Lauren R Sastre, PhD, RDN, LDN: For everyone that was pulled into our sample and we compared those who received IBTO to folks who are matched to them based off of those other factors.

195

00:38:29.220 --> 00:38:44.430

Lauren R Sastre, PhD, RDN, LDN: The primary outcomes that we looked at included insurance which all of our patients, of course, had Medicare, but some had other insurance as well as we know folks with Medicare often also may have private insurance

196

00:38:44.910 --> 00:38:56.670

Lauren R Sastre, PhD, RDN, LDN: or they could have Medicaid as well. We looked at race; we looked at the frequency of nutrition visits as well as the timing; how

197

00:38:57.120 --> 00:39:10.560

Lauren R Sastre, PhD, RDN, LDN: frequently they actually came in to make their visits. We did that by pulling the G0447 code. In terms of our clinical outcomes, these were driven by the suggested

198

00:39:11.130 --> 00:39:18.090

Lauren R Sastre, PhD, RDN, LDN: areas to monitor by the toolkit for IBTO and we extracted patients' weight,

199

00:39:18.810 --> 00:39:36.510

Lauren R Sastre, PhD, RDN, LDN: BMI, A1C values and their medication duration. So the amount of days that they were taking a medication, which medications did we focus on we included and specifically targeted chronic disease related meds;

200

00:39:37.440 --> 00:39:50.250

Lauren R Sastre, PhD, RDN, LDN: blood pressure, statins, ACE inhibitors, clearly medications for diabetes. And our primary or prevalent chronic disease medications are what we focused on

201

00:39:50.820 --> 00:40:00.930

Lauren R Sastre, PhD, RDN, LDN: with regards to medication duration and then we grouped the patients as well by the amount of IBTO visits they completed.

202

00:40:01.560 --> 00:40:13.260

Lauren R Sastre, PhD, RDN, LDN: We've only been able to find one other IBTO study and they use this grouping. We mirrored theirs in that we had a group of zero visits.

203

00:40:14.130 --> 00:40:35.790

Lauren R Sastre, PhD, RDN, LDN: Those that attended 1,2,3,4 to 8 and 9 plus and the other study did not look at registered dietitian nutritionist provided IBTO but they had trained health coaches and it was specifically for Hispanic patients. That is the only other IBTO study at the time that we did ours

204

00:40:37.440 --> 00:40:38.130

Lauren R Sastre, PhD, RDN, LDN: that we could find.

205

00:40:42.960 --> 00:40:55.470

Lauren R Sastre, PhD, RDN, LDN: Our findings from this retrospective chart review. In general, we saw that folks who were referred and actually received IBTO tended to have

206

00:40:56.490 --> 00:41:07.170

Lauren R Sastre, PhD, RDN, LDN: Higher A1Cs, higher weight, higher BMI, greater medications and more of them. They had been on them for a longer period of time.

207

00:41:07.530 --> 00:41:21.000

Lauren R Sastre, PhD, RDN, LDN: A less healthy patient population was being referred to and actually attended IBTO. We saw slightly lower weight, A1C, medication use by our control group.

208

00:41:22.590 --> 00:41:35.550

Lauren R Sastre, PhD, RDN, LDN: But they were not statistically significantly different. So those factors were still comparable between our control group and those who received IBTO. In general, we found our African American

209

00:41:36.600 --> 00:41:56.820

Lauren R Sastre, PhD, RDN, LDN: female patients and our older patients, they came into the study with some variances. Our African American patients were more likely to have a higher weight and higher A1C, less likely to be on a lot of medications. They were also more likely to be younger.

210

00:41:58.200 --> 00:42:05.970

Lauren R Sastre, PhD, RDN, LDN: We found that our older patients in the group tended to have more medications which that's not surprising to most of us

211

00:42:06.600 --> 00:42:16.530

Lauren R Sastre, PhD, RDN, LDN: as well. What was surprising though was that our older patients, we found less of an impact of IBTO as age went up,

212

00:42:17.100 --> 00:42:34.440

Lauren R Sastre, PhD, RDN, LDN: which that does contradict some other intensive lifestyle intervention studies on obesity. Most other studies have found that older patients actually lose more weight and see a greater decline in A1C whereas we did not find that with our study. We did find

213

00:42:35.880 --> 00:42:45.480

Lauren R Sastre, PhD, RDN, LDN: and we plan on following up on this for some future studies, but we did find that the majority of patients who received IBTO

214

00:42:46.230 --> 00:42:52.890

Lauren R Sastre, PhD, RDN, LDN: only attended three or four visits. Three to four visits tended to be the amount that they attended

215

00:42:53.430 --> 00:43:06.060

Lauren R Sastre, PhD, RDN, LDN: and then there was drop off. The way that IBTO is structured, what we're seeing with that in terms of the pattern is that patients came in for the first month and a little bit of the second month and then they stopped coming.

216

00:43:06.420 --> 00:43:18.450

Lauren R Sastre, PhD, RDN, LDN: Again, there's only been one other IBTO study, but they found similar trends in their study as well that there's a pretty fast drop off after that first couple of visits.

217

00:43:22.500 --> 00:43:36.060

Lauren R Sastre, PhD, RDN, LDN: For patients that did go longer that got into that nine plus category, nine plus visits, they really went throughout kind of the maximized IBTO duration.

218

00:43:36.450 --> 00:43:51.480

Lauren R Sastre, PhD, RDN, LDN: For that group, we did see significantly lower A1C. This suggests that for the patients that really adhere to the treatment and they continue to go, we see greater impact on A1C.

219

00:43:52.140 --> 00:44:05.010

Lauren R Sastre, PhD, RDN, LDN: Overall, all of the patients that received IBTO, we saw significant reductions in BMI and A1C as well as medical medication duration.

220

00:44:05.820 --> 00:44:21.900

Lauren R Sastre, PhD, RDN, LDN: We did also see for patients that received IBTO, they were more likely to discontinue medications during the window. During the treatment window, they were more likely to completely come off of their meds if they were receiving IBTO. That was a

221

00:44:22.530 --> 00:44:30.360

Lauren R Sastre, PhD, RDN, LDN: finding that was a little bit stronger than we expected. It was a nice thing to see. It is also worth noting

222

00:44:30.870 --> 00:44:44.340

Lauren R Sastre, PhD, RDN, LDN: that for patients on average in the treatment group, again three to four visits, we tend to see an average A1C decline of 0.152%.

223

00:44:45.030 --> 00:45:00.810

Lauren R Sastre, PhD, RDN, LDN: A decline of 0.2% has been associated with decreasing mortality up to 10% and we definitely, that was a very promising result with regards to A1C.

224

00:45:03.990 --> 00:45:10.830

Lauren R Sastre, PhD, RDN, LDN: Some takeaways: The practice that this data was collected is in a very rural

225

00:45:11.580 --> 00:45:22.740

Lauren R Sastre, PhD, RDN, LDN: Southern area. There is a lot of food insecurity, there is a lot of poverty here. And in general, this is not a particularly diverse area.

226

00:45:23.460 --> 00:45:41.010

Lauren R Sastre, PhD, RDN, LDN: Our sample was relatively equally split between white and black patients, but we didn't have a lot of Hispanic patients. It was not what I would consider a really diverse sample. So that should be taken into consideration. And I think there's some things we need to continue to look at.

227

00:45:42.030 --> 00:45:42.810

Lauren R Sastre, PhD, RDN, LDN: One being

228

00:45:43.920 --> 00:45:51.450

Lauren R Sastre, PhD, RDN, LDN: for those patients that adhere versus the ones that don't, what's going on there. What are some of the factors that are leading to adherence.

229

00:45:51.690 --> 00:46:01.830

Lauren R Sastre, PhD, RDN, LDN: That group that makes it to the nine plus category; why was that. How much of that is personal characteristics satisfaction with the services.

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00:46:03.000 --> 00:46:10.470

Lauren R Sastre, PhD, RDN, LDN: Also, what was the level of communication with the primary care providers throughout this. Are they encouraging the patients to keep going.

231

00:46:11.100 --> 00:46:24.450

Lauren R Sastre, PhD, RDN, LDN: What was the follow up with in terms of reminders from the clinic standpoint and so kind of evaluating anything that could serve as a barrier or promoter to patient adherence.

232

00:46:25.050 --> 00:46:32.010

Lauren R Sastre, PhD, RDN, LDN: Our patients coming that first month and simply getting enough information and support that they're good. They just go on that trajectory and they

233

00:46:32.280 --> 00:46:42.600

Lauren R Sastre, PhD, RDN, LDN: keep moving forward. Although, we do see if they can make it further, A1C goes down more. We want to see people making it further. What will it take to make that happen.

234

00:46:43.320 --> 00:46:52.050

Lauren R Sastre, PhD, RDN, LDN: Overall IBTO is effective and it is effective when a registered dietitian nutritionist delivers it. That was a wonderful finding that we had.

235

00:47:02.970 --> 00:47:15.780

Lauren R Sastre, PhD, RDN, LDN: Actually for time's sake, if I can go past this one. Thank you. I'll come into this next study. So this study was a little bit more simple. I'll try to just get some of the highlights for time sake.

236

00:47:16.500 --> 00:47:28.590

Lauren R Sastre, PhD, RDN, LDN: One of the things I really grappled with when that 2018 recommendation came out that patients should be referred to a dietitian, my first question was, okay, what do physicians think about this.

237

00:47:28.860 --> 00:47:43.380

Lauren R Sastre, PhD, RDN, LDN: Do they have someone to refer to. Do they want to refer. What do they think about that in general in the primary care setting. Really, that was the basis of this study. It came from that in my curiosity, because I couldn't find

238

00:47:45.510 --> 00:47:58.080

Lauren R Sastre, PhD, RDN, LDN: much in the way in any recent published studies on physicians' interest, perceptions, and barriers to having a registered dietitian provide care to their patients. That really was the focus of this next study.

239

00:48:02.040 --> 00:48:24.360

Lauren R Sastre, PhD, RDN, LDN: What we did, this was a cross-sectional web-based survey. It was distributed throughout the entire South East portion of the United States, and we specifically targeted academic medical centers that had family medicine providers or practices. This study was specifically

240

00:48:25.500 --> 00:48:37.170

Lauren R Sastre, PhD, RDN, LDN: surveying family medicine providers practices versus just all general primary care and our sample size was about 151, which

241

00:48:37.860 --> 00:48:44.190

Lauren R Sastre, PhD, RDN, LDN: within the context of surveying physicians, this is one of the hardest audiences to survey.

242

00:48:44.820 --> 00:48:55.920

Lauren R Sastre, PhD, RDN, LDN: They are historically known as being a very difficult group to be able to get to fill out a survey. We did have some incentives involved if they completed their survey. They got an automatic

243

00:48:56.550 --> 00:49:03.030

Lauren R Sastre, PhD, RDN, LDN: $5 gift card to Starbucks. We tried to do everything we could on our end to get physicians to respond.

244

00:49:07.650 --> 00:49:15.450

Lauren R Sastre, PhD, RDN, LDN: The focus of our survey was on whether or not physicians have access to a dietitian at their practice.

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00:49:16.050 --> 00:49:23.190

Lauren R Sastre, PhD, RDN, LDN: If they did, were they making referrals. What were they making referrals for. If they didn't have one already, would they like one.

246

00:49:23.790 --> 00:49:34.800

Lauren R Sastre, PhD, RDN, LDN: Would they like to be able to refer to one. What for. It really was a very exploratory study and at some point, we want to follow it up with a larger national study.

247

00:49:39.390 --> 00:49:43.080

Lauren R Sastre, PhD, RDN, LDN: Some highlights from what the physicians reported:

248

00:49:44.100 --> 00:49:49.650

Lauren R Sastre, PhD, RDN, LDN: Most of them did not have access to a registered dietitian nutritionist

249

00:49:50.460 --> 00:50:01.560

Lauren R Sastre, PhD, RDN, LDN: on site. And we were surprised by that. We thought that would be a little bit higher, possibly, especially since many of these practices are in very large

250

00:50:02.250 --> 00:50:19.920

Lauren R Sastre, PhD, RDN, LDN: healthcare systems with what we assumed to have more resources. But that was not the case. We did find that for those who hadn't already, 94.2% did make referrals and most of those were for what you would expect, weight management, diabetes

251

00:50:22.260 --> 00:50:31.200

Lauren R Sastre, PhD, RDN, LDN: prevention, or sorry, chronic disease related referrals. For those that did not have an RD, the majority of them were interested.

252

00:50:32.400 --> 00:50:37.470

Lauren R Sastre, PhD, RDN, LDN: 94.9% of those who did not have access an RD at their practice, they wanted one.

253

00:50:38.070 --> 00:50:52.380

Lauren R Sastre, PhD, RDN, LDN: Most of them wanted someone on site, only about 11% were okay with making off site referrals. The majority wanted someone on site either full-time or part-time and the full-time versus part-time was pretty split down the middle.

254

00:50:53.400 --> 00:50:59.520

Lauren R Sastre, PhD, RDN, LDN: But that was very promising. We felt from these results as well that there was a high interest.

255

00:51:02.730 --> 00:51:13.380

Lauren R Sastre, PhD, RDN, LDN: We also asked physicians, what are barriers for you to make referrals. What is kind of preventing you from either accessing or having a dietitian.

256

00:51:14.160 --> 00:51:22.620

Lauren R Sastre, PhD, RDN, LDN: Most of our physicians responded that lack of patient interest was not a barrier. And that was surprising because there is some evidence

257

00:51:22.860 --> 00:51:34.380

Lauren R Sastre, PhD, RDN, LDN: that physicians perceive patients are not interested in either weight management or nutrition care or getting nutrition services. But that was not the case from our respondents.

258

00:51:35.580 --> 00:51:56.310

Lauren R Sastre, PhD, RDN, LDN: The majority of them agreed they were concerned about the cost for patients. They weren't sure about the benefits that the RD might provide. They were unsure how to find RDNs and they were unsure exactly what an RD does. There was a lot of uncertainty that was reported by the physicians.

259

00:52:01.770 --> 00:52:06.000

Lauren R Sastre, PhD, RDN, LDN: Our final survey question was just a very open-ended

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00:52:07.680 --> 00:52:17.400

Lauren R Sastre, PhD, RDN, LDN: question and it said, "Is there anything we didn't ask that you feel like would be important for us to know" It was an open question. And we had

261

00:52:18.030 --> 00:52:35.070

Lauren R Sastre, PhD, RDN, LDN: the most frequent theme that came from that open-ended question was physicians were concerned about cost and reimbursement. Their primary barrier and their primary concern was the cost and the lack of reimbursement for nutrition care.

262

00:52:40.140 --> 00:52:53.640

Lauren R Sastre, PhD, RDN, LDN: Some of the two other frequent themes were physicians reported what they wanted. Many of them wanted group classes, cooking classes, demonstrations, grocery store tours.

263

00:52:54.450 --> 00:53:05.670

Lauren R Sastre, PhD, RDN, LDN: There was a big range of things that physicians would like an RD to be able to provide their patients. And that was very interesting, how many of them reported their specific preferences.

264

00:53:06.840 --> 00:53:08.280

Lauren R Sastre, PhD, RDN, LDN: Then, a

265

00:53:09.330 --> 00:53:22.470

Lauren R Sastre, PhD, RDN, LDN: negative finding that we had that was our third most frequent reported response was that they were not sure how to find a good Registered Dietitian Nutritionist and that they either had had bad experiences

266

00:53:22.920 --> 00:53:35.370

Lauren R Sastre, PhD, RDN, LDN: with the dietitian that they worked with or their patients had. Because their patients had a bad experience, they were hesitant to make referrals and so that did come up a little bit in that open-ended question.

267

00:53:39.210 --> 00:53:49.590

Lauren R Sastre, PhD, RDN, LDN: Some overall findings from that study: Physicians seem to overall have low access but a high interest in having an RD on-site.

268

00:53:50.250 --> 00:53:59.790

Lauren R Sastre, PhD, RDN, LDN: That they want to have registered dietitian nutritionist care is kind of interesting that that was reported and yet there was uncertainty still about the benefit of

269

00:54:00.240 --> 00:54:08.310

Lauren R Sastre, PhD, RDN, LDN: nutrition Services. I think we've got a lot of work that we can continue to do to demonstrate our value and demonstrate our impact.

270

00:54:09.420 --> 00:54:16.770

Lauren R Sastre, PhD, RDN, LDN: There was a lack of and this, this was one of I think the biggest takeaways, is there was a lack of certainty on how to find an RD.

271

00:54:17.070 --> 00:54:29.820

Lauren R Sastre, PhD, RDN, LDN: There was interest in having one, but what do you do to connect with one. I think a gap here that could probably, we could start to address is to have our state level

272

00:54:30.750 --> 00:54:41.940

Lauren R Sastre, PhD, RDN, LDN: academy chapters connect with state level physician groups and give presentations on how to connect, benefits of RDN care,

273

00:54:42.720 --> 00:54:57.090

Lauren R Sastre, PhD, RDN, LDN: current reimbursement for all sorts of different services, from IBTO to medical nutrition therapy and this would be very valuable to do on the state level because states differ in what you reimburse and bill for.

274

00:54:57.690 --> 00:55:05.610

Lauren R Sastre, PhD, RDN, LDN: Doing it on a national level doesn't seem like it would be as beneficial because again, you have those variances in billing and reimbursement between states.

275

00:55:06.240 --> 00:55:14.670

Lauren R Sastre, PhD, RDN, LDN: Plus, you want to find someone who's licensed in your state to connect with. I really think there are some areas where we can improve our collaboration

276

00:55:14.940 --> 00:55:23.160

Lauren R Sastre, PhD, RDN, LDN: with physician groups and really start connecting with them and promoting ourselves and promoting what we do and promoting our impact for our patients.

277

00:55:23.760 --> 00:55:35.070

Lauren R Sastre, PhD, RDN, LDN: We need to find a way to get a seat at that table and do these pieces. This would be a great thing also for our state level reimbursement reps to do a once a year presentation on

278

00:55:35.670 --> 00:55:40.980

Lauren R Sastre, PhD, RDN, LDN: there can be misconceptions about billing and reimbursement and our billing reimbursement continues to grow.

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00:55:50.130 --> 00:55:54.450

Lauren R Sastre, PhD, RDN, LDN: Lastly, to finish things up,

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00:55:55.650 --> 00:56:05.340

Lauren R Sastre, PhD, RDN, LDN: We have had recommendations for referrals to Registered Dietitian Nutritionists. We continue to build evidence of the impact of medical nutrition therapy.

281

00:56:05.550 --> 00:56:13.740

Lauren R Sastre, PhD, RDN, LDN: Based off of our findings with IBTO, we've continued to add to that by demonstrating that provision of intensive behavioral therapy for obesity is

282

00:56:13.950 --> 00:56:25.830

Lauren R Sastre, PhD, RDN, LDN: beneficial not only for losing weight, but seeing A1C go down, medication use go down and we need to continue to examine IBTO. There are a lot of gaps for looking at IBTO.

283

00:56:26.910 --> 00:56:42.810

Lauren R Sastre, PhD, RDN, LDN: A lot of areas for continued research in looking at collaboration, how we can collaborate better and we can integrate more into the primary care setting. Prevention is the focus of primary care. So much of what we do is prevention.

284

00:56:43.830 --> 00:56:50.700

Lauren R Sastre, PhD, RDN, LDN: And continued areas for this to happen. I know based off of last year's FNCE meeting, there's continued work

285

00:56:51.540 --> 00:57:00.930

Lauren R Sastre, PhD, RDN, LDN: by the Academy to be doing some of this behind the scenes and support what we do. I think some takeaways for the registered dietitian nutritionist practitioner;

286

00:57:01.530 --> 00:57:05.580

Lauren R Sastre, PhD, RDN, LDN: We are effective, we continue to show that we're effective and physicians

287

00:57:05.940 --> 00:57:13.920

Lauren R Sastre, PhD, RDN, LDN: are interested in working with us. We have to make those connections and get involved in our groups and things that we can do to continue to promote ourselves.

288

00:57:14.310 --> 00:57:24.450

Lauren R Sastre, PhD, RDN, LDN: I think it's an exciting time. We know there's policy level things up right now and will continue hopefully to be going up and lots of exciting things to come for our field.

289

00:57:25.170 --> 00:57:31.170

Lauren R Sastre, PhD, RDN, LDN: I'm gonna try to stop now to answer some questions because I know we're getting very close to one o'clock, and it's 12:57.

290

00:57:33.900 --> 00:57:43.830

Villanova Webinar 1: Hey. Thank you, Dr. Sastre. That was excellent. You gave us such a great balance of excitement, hope, opportunity, but also direction for

291

00:57:45.420 --> 00:57:52.290

Villanova Webinar 1: moving forward. So thank you very, very much. We may have time for one question or so.

292

00:57:52.950 --> 00:58:04.530

Villanova Webinar 1: But first I want to just remind everyone that completed the webinar you will be emailed a link to an evaluation within a week. The email will be sent to the email address you used to register for the webinar.

293

00:58:04.860 --> 00:58:19.500

Villanova Webinar 1: The evaluation will expire in three weeks. So please complete it as soon as you can so that you get your CE certificate sent to you quickly. Once the evaluation is completed, the CE certificate will be emailed separately within a few business days.

294

00:58:21.150 --> 00:58:22.050

Villanova Webinar 1: Upcoming next

295

00:58:23.460 --> 00:58:32.160

Villanova Webinar 1: month, we are excited to bring Dr. Michelle Long, who is a physician scientist with expertise in nonalcoholic fatty liver disease.

296

00:58:32.550 --> 00:58:48.090

Villanova Webinar 1: We are looking forward to welcoming her to our fall webinar series. She will be presenting on Wednesday, December 2. The time will be 1 to 2PM Eastern Standard Time rather than the 12 noon time but you are encouraged to sign up at the COPE website.

297

00:58:49.620 --> 00:58:57.420

Villanova Webinar 1: Also the Fitzpatrick College of Nursing is thrilled to be studying the impact of COVID-19 on the healthcare workforce and to this

298

00:58:57.750 --> 00:59:07.110

Villanova Webinar 1: end invite you to be part of the nationwide CHAMPS study. If you or someone you know is a health professional a first responder, an essential worker or support staff

299

00:59:07.980 --> 00:59:23.310

Villanova Webinar 1: who has participated in providing care for patients, please encourage them or encourage yourself to participate in this valuable survey that takes about 15 minutes to complete. You can find out more information on the COPE website.

300

00:59:24.300 --> 00:59:33.930

Villanova Webinar 1: Finally, there are pre-recorded webinars and conferences available for you to peruse if you would want to obtain CE credits and haven't had a chance to view the

301

00:59:35.190 --> 00:59:47.040

Villanova Webinar 1: particular webinar in live time. You can just go to the website listed there. You can also go to the COPE website for additional direction.

302

00:59:47.550 --> 01:00:05.880

Villanova Webinar 1: Just one quick question. I know we are just about out of time but Dr. Sastre, one very relevant question for this period of time that came through. Does Medicare include Telehealth visits, cover the telehealth visits as part of this program?

303

01:00:07.380 --> 01:00:08.670

Lauren R Sastre, PhD, RDN, LDN: That is a great question.

304

01:00:09.960 --> 01:00:10.710

Lauren R Sastre, PhD, RDN, LDN: .

305

01:00:11.910 --> 01:00:19.260

Lauren R Sastre, PhD, RDN, LDN: That was up for discussion. It's a great question.

306

01:00:20.940 --> 01:00:37.800

Lauren R Sastre, PhD, RDN, LDN: I want to say yes, if I'm remembering some of the updates to the toolkit. The toolkit was updated in the last year or two. And I want to say that it did expand the telehealth opportunities. I'm saying this with a

307

01:00:40.050 --> 01:00:47.100

Lauren R Sastre, PhD, RDN, LDN: conflict and what I'm trying to remember I think with the conversation that I remember sitting in on, I think that it is.

308

01:00:47.670 --> 01:00:57.750

Lauren R Sastre, PhD, RDN, LDN: I have someone that I can reach out to double check that. So if whoever has that question would like to reach out to me via email, I will double check and get right back with you.

309

01:00:58.860 --> 01:01:11.850

Lauren R Sastre, PhD, RDN, LDN: I know someone who can answer that very quickly. For me, my second piece with that is that I am trying to remember what the restrictions were with licensure issues with that. Where if you are in one particular state

310

01:01:13.050 --> 01:01:20.010

Lauren R Sastre, PhD, RDN, LDN: where patients are, there some details with that. And then I think there's some intricacies on you having to be

311

01:01:20.370 --> 01:01:27.060

Lauren R Sastre, PhD, RDN, LDN: present in the practice to do the telehealth that you would actually have to go in and be there physically.

312

01:01:27.750 --> 01:01:37.230

Lauren R Sastre, PhD, RDN, LDN: But I can double check on that to make sure that I'm correct and remembering that so if whoever that is would like to follow up with me. I'll double check on both of those pieces. The way that the

313

01:01:37.770 --> 01:01:51.030

Lauren R Sastre, PhD, RDN, LDN: reimbursement works and some of those finite details on where you really have to be which is even more interesting now considering COVID and how much telehealth we're providing and shifts that have happened to support that.

314

01:01:51.600 --> 01:01:58.350

Lauren R Sastre, PhD, RDN, LDN: I can also check with the collaborator that I did this study with because I know they're continuing to do it right now in kind of how things are going for them.

315

01:01:59.490 --> 01:02:08.670

Villanova Webinar 1: Okay, thank you. And thank you everyone for participating in the webinar today. We really appreciate your participation

316

01:02:09.510 --> 01:02:21.300

Villanova Webinar 1: and we are super grateful to Dr. Sastre for sharing such wonderful studies and experience that can propel us to new directions in terms of taking care of these patients.

317

01:02:22.140 --> 01:02:30.240

Villanova Webinar 1: So thank you once again to everyone. We wish you good health and we look forward to meeting up with you again on a future webinar. Thank you.