OBJECTIVES

- Discuss the need for developing a standard of care of obesity treatment
- Review the proposed standards of care for obesity treatment and the research leading up to their development
- Identify how the proposed standards of care align with other obesity care guidelines, including obesity care competencies, development of an ideal benefit, and coverage for obesity treatment.

CE DETAILS

Villanova University College of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center Commission on Accreditation

Villanova University College of Nursing Continuing Education/COPE is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration

CE CREDITS

- This webinar awards 1 contact hour for nurses and 1 CPEU for dietitians
- Suggested CDR Learning Need Codes: 5370, 5410, 6000, 9020
- Level 2
- CDR Performance Indicators: 4.2.8, 6.1.6, 6.3.11, 8.2.5
A Proposed Standard of Care for Adult Obesity Treatment for All Providers

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DISCLOSURE

The planners of this program have no conflicts of interest to disclose.

Dr. Dietz has disclosed a relationship with a commercial interest related to the content of this educational activity. The educational activity was reviewed and approved by the Nurse Planner for balance in the presentation and evidence-based content and absence of bias was confirmed.

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Proposed Standard of Care for Adult Obesity Treatment

William H. Dietz MD, PhD
Chair
Sumner M. Redstone Center
Webinar Outline

• Introduction to the STOP Obesity Alliance
• Background for the proposed standard of care
• Principles for all providers
• Principles for clinical providers
• The need for an essential obesity care benefit
• Coverage

Purpose and Goals

• Purpose: Convene a diverse group dedicated to reversing the obesity epidemic in the United States

• Goals:
  ➢ Lead innovation
  ➢ Strengthen systems of care
  ➢ Convene diverse stakeholders
  ➢ Define an innovative research agenda
  ➢ Promote strategies to increase physical activity
  ➢ Reduce stigma to improve health outcomes

Stakeholders Working Together to Advance Weight-Related Issues

• 15 Steering Committee Members
  America’s Health Insurance Plans
  American Diabetes Association
  American Heart Association
  American Medical Group Association
  American Society for Metabolic & Bariatric Surgery
  Donna Ryan, M.D.
  Gary Foster, PhD
  National Business Group on Health
  Obesity Action Coalition
  Population Health Alliance
  The Obesity Society
  Trust for America’s Health

• 60 Associate Member organizations (chronic disease, consumer, minority health, & provider groups)

• 4 Corporate Members
Provider Knowledge of Obesity Care is Limited

Among family practitioners, internists, OB-GYNs, and nurse practitioners \((N = 1506)\):

- **49%** Knew that \(\geq 150 \text{ mins/week of physical activity} \) was necessary to achieve sustainable health benefits
- **33%** Knew that any suitable eating pattern can be recommended for weight loss (NHLBI guideline)
- **16%** Knew that 12-26 sessions during the first year is the recommended for patients with obesity

Turner et al. *Obesity* 2018; 26:665

Identified Gaps in Patient-Provider Interactions

**TARGETS FOR IMPROVEMENT**

- Time is the most important barrier, but providers need tools and programs
- Only 39% of adults with a BMI \(\geq 30.0\) recalled being told that they have obesity by a HCP
- One-third of patients advised to lose weight were not given a plan to do so
- Most PCPs say no one in their practice has been trained to deal with weight issues
- Follow-up appointments are not scheduled

A Proposed Standard of Care

Goal: provide a model of care for all those who care for people with obesity

- Core principles of care
- Standards of Care for all providers
- Standards of Care for clinical providers (prescribers)
- Coverage and payment policy standards
Process for Developing a Standard of Care for Adult Obesity

2017
Steering committee established and met in December

2018
Three roundtable meetings, attended by over 50 stakeholders, including health professionals, advocates, and patient advocates who provide care for patients with obesity, community and non-clinic based providers, payers, and patient advocates.

2019
Proposed standard of care published


Core Principles of Care

• Treat obesity as a chronic disease
• Care should be evidence-based pragmatic and deliverable
• Provide access to appropriate level of care, regardless of point of entry
• Providers should be sensitive to bias and provide appropriate accommodation
  • Providers should be trained to initiate conversations about weight
  • Shared decision making and bidirectional communication
  • Evidence-based competencies that are discipline-specific should be met by each type of provider

Effects of Bias and Stigma

• Experience of bias and stigma increases with the severity of obesity
• Provider attitudes - people with obesity are lazy, lack self-control, and are blamed for their obesity
• Perceived provider bias affects quality of care and mistrust makes patients less likely to seek care
Effects of Bias and Stigma (cont.)

- Bias is internalized as self-blame
- Increased risk of depression, low self-esteem, and poor body image
- Increased exposure with more severe obesity
- Increased vulnerability to unhealthy behaviors that can contribute to weight gain

Accommodations

- Provide wide-based, higher weight capacity chairs, preferably armless, in patient areas
- Offer large size or thigh-sized cuffs BP cuffs
- Provide a higher capacity scale, ideally > 500 lbs
- Locate scale in a private or near-private area to minimize anxiety and discomfort associated with being weighed
- Wheelchair accessible bathrooms
- Install floor-mounted rather than wall-mounted toilets
- Have extra-large gowns available
- Educate staff about stigma and weight bias

People First Language

- Overweight is a description
- An “obese person” is an identity – he or she is obese, not a father, mother, or a person characterized by their achievements
- An “obese person” is more likely to be held responsible for their weight
- Obesity is a disease
- Describing a person with obesity focuses attention on cause
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The Importance of Language

<table>
<thead>
<tr>
<th>Language to Use</th>
<th>Language to Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>Fat</td>
</tr>
<tr>
<td>Increased BMI</td>
<td>Obese</td>
</tr>
<tr>
<td>Severe obesity</td>
<td>Morbid obesity</td>
</tr>
<tr>
<td>Unhealthy weight</td>
<td>Diet (or dieting)</td>
</tr>
<tr>
<td>Healthier weight</td>
<td>Exercise</td>
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<tr>
<td>Improved nutrition</td>
<td></td>
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<tr>
<td>Physical activity</td>
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</tbody>
</table>

Efforts to Address Knowledge and Practice Gaps

Why Weight? Provider Guide

Initiate open, productive conversations about weight and health
Assess patient readiness to change
Engage in active listening
Build trust
Establish realistic goals
Address culture and social barriers and supports

www.whyweightguide.org
Useful Questions

Conversation starters: “Would it be all right if we discussed your weight?” “Are you concerned about the effect of weight on your health?”

Readiness: “How likely are you to consider several small lifestyle changes, such as increasing your physical activity or eating healthier?”

Engagement: “What things would change if you accomplished your weight loss goals?” “What changes to your eating or physical activity habits could you reasonably make?” “How much support would you like from me if you make these changes?”

Core Principles of Care

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Obesity Care Competencies
www.obesitycompetencies.gwu.edu

Core Obesity Knowledge
• Obesity as a medical condition
• Epidemiology & key drivers of the obesity epidemic
• Disparities in obesity prevention & care

Interprofessional Care
• Interprofessional obesity care
• Integration of clinical & community care systems

Patient Interactions
• Evidence-based strategies for patient care
• Discussions & language related to obesity
• Recognition & mitigation of weight bias & stigma
• Respectful accommodations for people with obesity
• Special considerations for comorbid conditions

Faculty members from the School of Nursing developed a simulation that engages undergraduate public health nursing students and graduate advanced practice nursing students in assessing a patient with obesity in an ambulatory care setting. Simulation highlights the need to better integrate community and primary care to support improvement in population health outcomes.

Additional Components
- View videos developed by the Rudd Center on weight bias and stigma
- Watch The Weight of the Nation, a four-part series developed by HBO
- Review the social epidemiologic, economic and population health data on obesity
- Conduct a community-focused impact assessment of obesity on practice

Outcomes
Students evaluated the experience positively, noting that this was one of the few times that obesity had been highlighted during their clinical education. Suggested developments include incorporation of cross-disciplinary teams and more interaction between NP and undergraduate students before/after simulation.

See also: Integrating an Obesity Simulation into Baccalaureate Nursing Education (Mangold, 2014)

Address Social Determinants of Health

Consider patient's home, work, and community environments

Stressors
Cultural preferences

Address interpersonal relationships and family dynamics
Largest Connected Subcomponent in Framingham Heart Study

Spread of Obesity across a Social Network
32 Year Follow-up

Risk of obesity increases by:
- 57% if a friend develops obesity
- 40% if a sibling develops obesity
- 37% if a spouse develops obesity
- Greater effect of same sex relationships

No effect on weight gain by immediate neighbors

Core Principles for Clinical Providers

- Assess for obesity-related comorbidities
- Employ evidence-based counseling techniques (CBT, MI 5As)
- Joint decision-making
- In consultation with patient, refer to an evidence-based program or recommend an evidence-based strategy
- Minimize the use of medications that may cause weight gain
- When appropriate, discuss and/or prescribe obesity medications
- When appropriate, discuss and/or refer for bariatric surgery, and provide followup care
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What is the Appropriate Outcome from an Obesity Treatment/intervention?

• Community-based intervention
  ▶ 3-5% weight loss
• Clinical obesity intervention
  ▶ 5% or greater weight loss
  ▶ Decrease in the co-morbidities of obesity
• Outcomes should be sustained over 6 months
• Consider activities of daily living

Medical Complications of Obesity

Pulmonary disease
Asthma
Obstructive sleep apnea
Obstructive sleep apnea
Hyperventilation syndrome
Nasal polyps
Liver disease
Diabetes
Gall bladder disease
Pancreatic disease
Gastroesophageal reflux disease
Obstructive sleep apnea
Hypertension
Severe pancreatitis
Cancer
Breast, uterus, cervix
colon, esophagus, pancreas
kidney, prostate

Source: Rudd Center for Food Policy and Obesity
Obesity Coverage in State Medicaid and State Employee Plans

![Graph showing coverage](image)


Elements Relevant to the Essential Obesity Care Benefit

- Competencies
- Reimbursement
- Standard of Care

Goals for a Core Obesity Care Benefit

- Identify evidence-based obesity treatment that can support clinically significant weight loss (≥5% reduction in body weight)
- Provide guidance on the appropriate amount, scope, duration, and delivery of obesity-related benefit offerings
- Highlight real-world examples from plans that cover obesity treatment modalities
- Support efforts to standardize the scope and availability of obesity treatment that are covered across plans/systems
Elements of a Core Obesity Care Benefit

- Prevention and Screening
- Intensive Behavioral Therapy
  - Physical Activity
  - Nutrition Therapy
  - CBT, MI, 5 As
- Pharmacotherapy
- Bariatric Surgery
- Weight maintenance

Questions and Discussion
Please send any further comments/questions to:

obesity@gwu.edu

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- Look for an email containing a link to an evaluation. The email will be sent to the email address that you used to register for the webinar.
- Complete the evaluation soon after receiving it. It will expire after 3 weeks.
- You will be emailed a certificate within 2-3 business days.
- Remember: If you used your phone to call in, and want CE credit for attending, please send an email with your name to cope@villanova.edu so you receive your certificate.
Using genetic information to predict and treat obesity: Are we ready for precision medicine?

Ruth Loos, Ph.D.
Charles Bronfman Professor in Personalized Medicine
Icahn School of Medicine
Wednesday, November 13, 2019
12:1 PM EST

QUESTIONS & ANSWERS

Moderator: Lisa K. Diewald MS, RD, LDN
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