Reflections on Physician Assistant Success in Implementing Best Practices in Weight Management

An outcomes follow-up to: AAPA Innovations in Medicine Satellite Symposium, May 17, 2016. "Patient, Provider, and Practice Factors in Weight Management. Is Your Practice Competitive?"

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Introduction:

The statistics are astounding: 69% of U.S. adults are overweight or obese. As a primary care provider, you play 'the' pivotal role in helping patients to manage their body weight. Patients are most successful losing weight when their provider recommends and monitors weight management efforts.[1] However, many PCPs like yourself identify weight and obesity management as time consuming and dependent on an overwhelming number of variables for success.

While food security, social, cultural, and environmental issues are major factors influencing body weight, primary care practitioners have an opportunity to address several very important factors that are within their scope of influence. National guidelines identify a set of behaviors and processes that have the greatest chance of yielding successful weight loss in patients with a weight problem.[4] Enhancing therapeutic knowledge and skill, establishing patient engagement tactics, and setting up a practice system to effectively identify, treat, and monitor patients are all required elements for managing the overweight patient population.

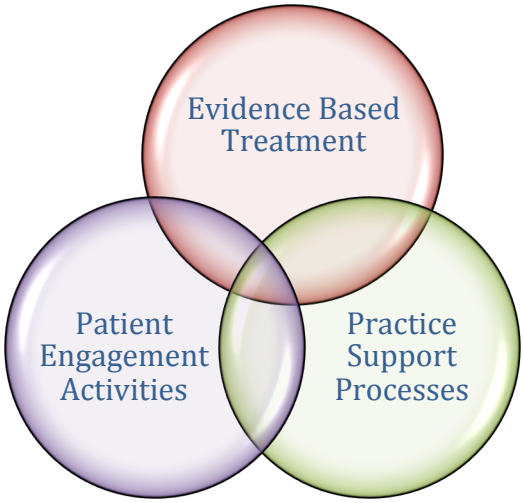
Integrated Learning Approach

Success in learning through CME is marked not merely by a great presentation or meeting program objectives but by whether a clinician takes action as a result of the program. At the AAPA national meeting in May 2016, several of you attended a CME

satellite symposium that integrated 3 crucial components for meeting national Triple Aims and quality goals-

1. Integration of evidence-based therapies,
2. Patient engagement tactics, and
3. Practice assessment and improvement tactics.

Three months later nearly 20% of you responded to a survey sharing your progress toward achieving changes in these practice behaviors. You identified several factors in your "intent to change" during the program. The survey asked you to reflect on progress towards actual achievement of these intended behavior changes, including barriers to full implementation in the 3 content areas.



Survey outcomes are presented here along with comments and suggestions from our faculty for implementation of best practices in weight management.

Outcomes

At the end of the CME program more than 72% of you planned to change your practice as a result of the program. The top 4 *practice behaviors* you intended to change, identified in order of magnitude were:

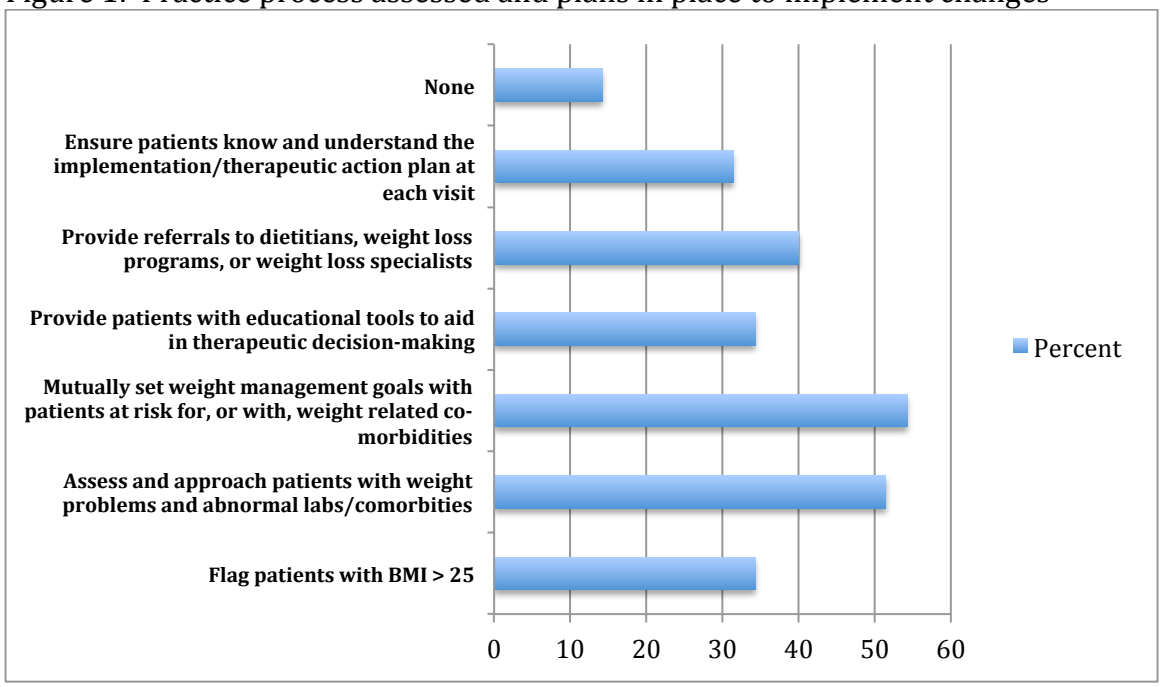
1. Choice of treatment and management approach
2. Application of latest practice guidelines
3. Changes in pharmacotherapy approach
4. Changes in non-pharmacotherapy approach

Your anticipated *primary barriers* at that time were:

1. Time constraints
2. Formulary restrictions
3. Patient adherence and compliance
4. Insurance and financial issues

***After 3 months*,** you sought to change specific practices by assessing your practice and implementing a plan to improve specific practice processes and behaviors (Figure 1):

Figure 1: Practice process assessed and plans in place to implement changes



Self-reported progress toward implementing practice changes that align with national guidelines for weight management were assessed using 3 progress categories: completed, on track, and derailed (Figure 2, Table 1). (See next page)

Figure 2: Implementation progress after 3 months (%)

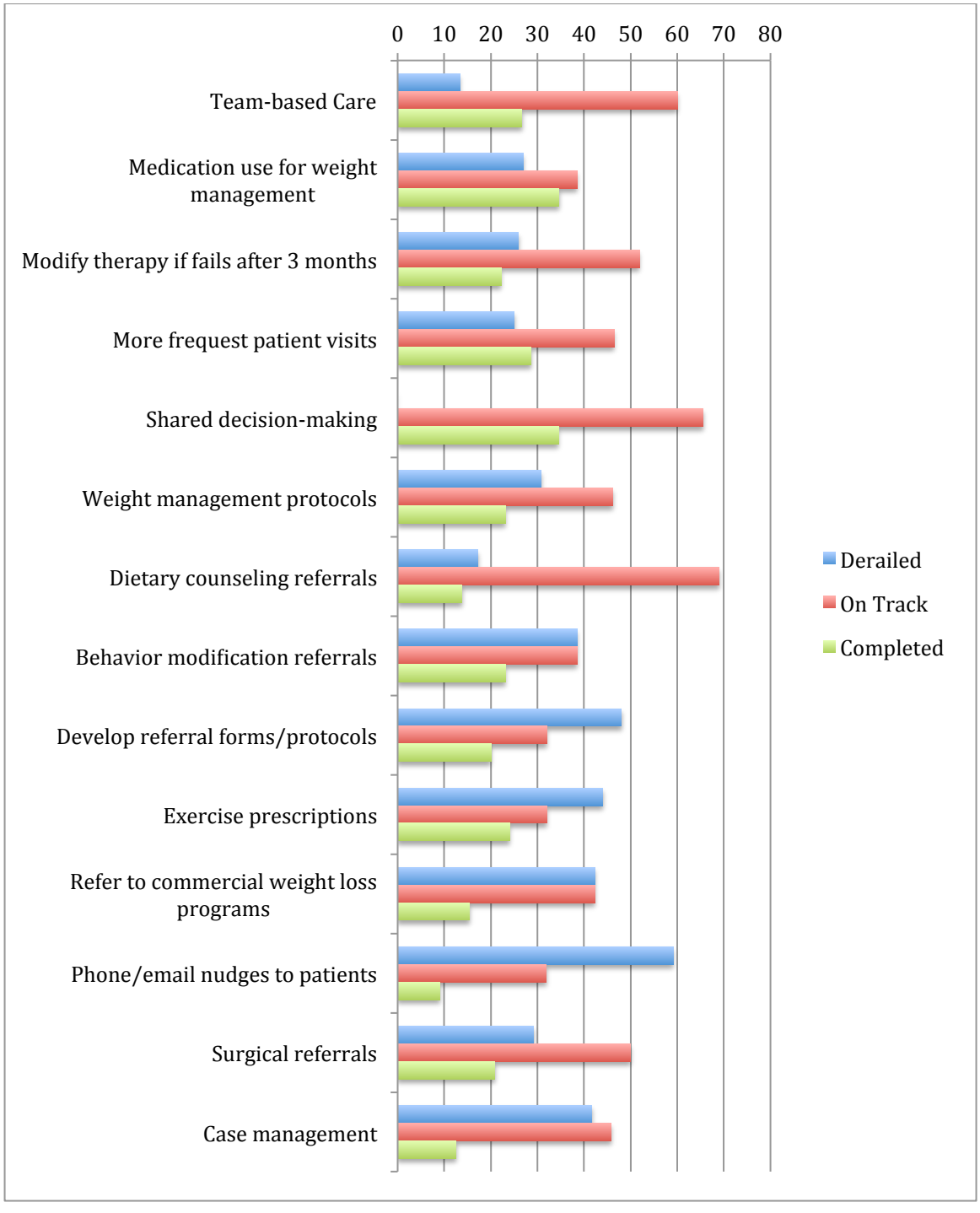


Table 1: Top 5 practice changes in each category by order of magnitude:

Completed	On track	De-Railed
1. **Incorporating medications into practice**	1. Diet referrals	1. Email/phone nudges
2. SDM	2. SDM	2. Referral protocols and forms
3. Increased visit frequency	3. Team based care	3. Exercise prescriptions
4. Team based care	4. Modify therapy if a therapy fails after 3 months	4. Refer to commercial weight loss programs
5. Behavior Mod referrals and weight management protocols	5. Surgical referrals	5. Refer to Behavior Modification programs

Perceived barriers to completing a practice change were equally distributed among the group with ***time*** identified by 1 in every 3 clinicians as the main barrier to implementation. In order of magnitude:

1. Time constraints
2. Patient engagement issues
3. Organizational issues
4. Resources
5. Factors external to my practice/reimbursement

Discussion and Comments from Faculty

- ✓ ***Improving therapeutic management by identifying and assessing patients for weight- associated risk***

More than 1 in 2 respondents chose to identify and assess patients at high risk for health problems due to their weight. Mutually setting weight goals with patients was equally as important. Identifying high-risk patients and using their lab information to initiate a conversation about weight are key best practices outlined in the national weight management guidelines.[4] Mutually setting realistic weight goals remains one of the biggest predictors of patient success in weight management.

Tips for having conversations about weight:

- Engage office staff in identifying labs and weight values out of range
- Ask patients if you can discuss their weight at this or a near future visit

- Discuss the value of 5 -10% weight loss
- Provide weight loss education materials
- Continue to provide patient reinforcement that long-term health is a major goal and that weight management is a top practice priority
- Share weight management 'successes' in the practice, and reinforce those successful models

✓ ***Discussing evidence based therapeutic options with overweight patients***

Tailoring the therapeutic approach to a patient's clinical characteristics and needs is crucial to success. Nearly 75% of respondents said they had completed or were on track to consider weight loss medications to assist patients struggling with weight loss and, as recommended, would modify therapy after 3 months if the patient failed to lose weight. This represents a significant shift in attitude towards obesity treatment as merely 2% of the 46% of obese Americans who fit the indications for anti-obesity medications are receiving treatment.[1-3]Barriers to anti-obesity pharmacotherapy initiation and long-term use include failure to recognize obesity as a disease along with provider concern for safety, efficacy and reimbursement.[2]

Recommending and using lifestyle therapy was identified by 83% of respondents as a change that is on track or already working. Providers often have a low level of confidence in patients' motivation and adherence to behavior therapy yet lifestyle therapy has proven successful alone and with medications. Referring patients for diet counseling appears to be most successfully implemented. This is extremely positive as a 2014-15 survey indicated fewer than 30% of physicians would refer for diet counseling. [5] In contrast, exercise prescriptions represented a challenge as 44% of respondents felt efforts are derailed. Providers tend to recommend large –if not-unattainable amounts of exercise to their patients despite recognizing that inability to comply is largely responsible for patient failure.[5] Monitoring weight loss patients with frequent office visits is another best practice guideline associated with enhanced success. Nearly 30% of you have already started doing this and another 46% are on track.

"Good weight management is good diabetes management and good management of many other chronic diseases we see in our offices. It's imperative that providers develop skills in this area. " Donna Ryan, MD

Tips for implementing medication and lifestyle therapy include:

- Know the patients weight loss history to better tailor therapy
- Educate the patient as to therapeutic options and engage them in mutually choosing the therapy that matches their values and preferences.
- Mutually set realistic lifestyle modifications
- Monitor patients regularly-every 2-4 week visits initially

- ✓ ***Engaging Patients in their Care***

The value and process of engaging patients in shared decision making around weight goals, therapy choice, and lifestyle changes was discussed in the CME program and 100% of attendees stated they had completed or were on track to implementing in practice. Over 40% stated they use shared decision-making (SDM) aids-crucial tools for successful SDM. Patient adherence, satisfaction and knowledge increase when Aids are used in clinical practice. [6]

Frequently, time restriction is identified as the primary barrier to engaging patients in SDM- yet data does not support that time with the patient increases when mutually sharing in decisions. Access to trusted education materials and SDM Aids is another identified obstacle to engagement. Current consumers pay attention to their health and the health system and want to be educated and actively involved. A majority of consumers use technology for banking, shopping and getting their news--*and* health information. Encouraging them to access eLearning tools such as the Weight Management SDM Aid on peptools.com allows them to be prepared for a decision-making discussion. Both providers and patients identify the tool as promoting discussion and maximizing preparation for decision-making.

Patient engagement issues were the second most frequently identified *barrier* to practice change behind time constraints. Previous surveys support this notion as most providers feel that patients are unable or unwilling to comply with necessary lifestyle changes. Three out of four patients identify communication between with providers between clinic visits via email as desirable. In our survey email/phone call nudges were identified as totally derailed by almost 60% of survey respondents. This communication and engagement technique can provide the monitoring and support patients' need while helping patient's modify negative behaviors and adjust to medication side effects. Using team members to follow-up with patients is an effective and efficient way to increase communication.

Modifying lifestyle behaviors that have led to a weight problem is crucial to successful weight loss. Nearly 62% of respondents have implemented or are on track to provide referrals to behavior modification programs for their patients. In contrast, over 40% identified this as derailed. This could represent lack of resources in the community or a failure to appreciate just how much support patients need to be successful at weight loss. The availability and recent approval of the Diabetes Prevention Program (DPP) lifestyle program curriculum as reimbursable may expand availability as providers could sponsor their own programs using the approved curriculum.

"Bring up your concern in a positive, productive way by saying, "I'm concerned about your weight, as I'm sure you are as well. Let's talk about it and let's see what I can do to help you." The provider should ALWAYS keep in mind that medications for weight

loss are a wonderful way to get things going. Too many providers think like insurance companies, that weight problems are patients' lack of fortitude or resolve, and that attitude has to be totally dispelled." Paul Dogrhamji, MD

Tips for engaging patients:

- Utilize team members to monitor patients regularly
- Use SDM Aids to guide patients in their roles and responsibility in their health decisions
- Find and refer to local programs that can offer support
- Develop an open-empathetic style of communication to enhance patient involvement and interest in behavior change. Create a safe environment that allows for non-judgmental discussion.

✓ ***Practice and system improvements***

All of the processes previously highlighted-identifying patients at risk, increasing visit frequency, providing education and SDM tools, monitoring therapy and using behavior modification programs, represent changes in processes within the practice or system that are considered best practices in weight management.

Implementing team-based care was identified as either completed or on track by 87% of respondents. This represents a best practice that has considerable value to improved medical management and patient engagement but also addresses the number one perceived barrier by primary care providers-'time.' Each of these processes requires additional time and resources that various team members can perform. *The problem of time restrictions in primary care is not easily solved*.

Respondents also identified that protocols for weight management and referrals to specialists or community programs lagged behind and were frequently derailed (30-40%). Yet 60% were on track to making these changes. Implementing protocols requires considerable system organization and a team member devoted to championing the process.

Finally, organizational issues and factors external to the practice were identified as barriers to completing practice change. Guiding clinicians in engaging internal stakeholders in improving practice behaviors that will yield better outcomes is a topic for future/further discussion. Changes in healthcare reimbursement toward rewarding outcomes, - not processes- is rapidly approaching and will serve to unite all stakeholders in practice improvements.

Clearly you were successful in implementing many changes in 3 months time. Some of you may have already been considering these changes and were motivated to complete them after attending. Over 97% of you found that integrating medical management, patient engagement and practice modification techniques enhanced your personal knowledge base and motivated you to change.

"The sum of completed and on-track practice changes is greater than the derailed categories with the exception of ' phone and email nudges'. I would consider these combined percent figures a great success because if the on-track continues then the completion rate will certainly increase. On-track also show effort is still in motion."
Scott Urquhart PA-C

Tips for implementing practice changes:

- Set weight management as a key practice priority for improving care and reimbursement
- Set up a patient advisory and feedback committee/group
- Consider a team approach to weight management-clearly defining roles/responsibilities
- Document and communicate thoroughly
- Collect and report outcomes and successes

Conclusions

A comprehensive approach to weight management that includes incorporating best practices in therapy, lifestyle change, patient education and engagement, and practice modifications can be achieved in 3-months-time by busy physician assistants. Efforts to integrate these elements into practice align with national quality measures and goals including the Triple Aim in Healthcare.

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