



empowering a
healthy lifestyle

Succeeding with weight management in busy clinics by transforming care systems

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The Colorado Health Foundation™



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Purpose of Project:

Sustainably improve clinical weight management practices through professional education, practice redesign, and transfer of expertise in two primary care clinical systems: MCPN & Salud



Learning Objectives

At the end of this activity, participants should be able to:

- describe barriers to effective weight management in busy clinics
- initiate effective weight management conversations
- understand how to promote long-term behavior change from a systems change perspective



- Salud serves 9 communities in NE Colorado; Focus on low-income, medically underserved populations and the migrant and seasonal farmworker population
- MCPN is a network of 23 clinics in metro Denver; Focus on underserved and uninsured populations
- Primary care, federally qualified health centers providing medical, dental, mental health, substance abuse, pharmacy, and community based services.
- Over 200,000 combined medical visits per year, many of them related to chronic disease

Project Goals and Approaches

- Culture Change for Provider/Staff & Patient/Family Attitudes and Behaviors
 - Weight Loss is Possible, but Requires Lifestyle Change
 - Multiple Paths to Success Exist
- Identify and Reduce Barriers on Patient/Family, Provider/Staff, System Levels
- **Approaches:**
 - Respectful, Culturally Competent, Bi-Lingual (English & Spanish) Approach
 - In-clinic Nurse- and Lay-Health Educations; MD Shadowing; ProEd
 - Detailed and Comprehensive, “Recursive,” Evaluations Plans
 - Provide Coaching Program for free to Providers and Staff, then Patients (N=2000)
 - Practice Flow and Redesign Discussions and Implementation
 - Build and Implement Patient Activation Strategies
 - Engage and Collaborate with Community Partners



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Phases & Timeline:

<i>Phase 1 – Year 1</i> Program Preparation & Content Development	<i>Phase 2 – Year 2</i> Education & Guidelines Implementation	<i>Phase 3 – Year 3</i> Technology Transfer & Sustainability Efforts
Focus Groups & Surveys	Provider & Staff Education	Track & Evaluate Results
Healthy Lifestyle Coaching Demonstration for Providers & Staff	“Practice Pathway Redesign” to Facilitate Guideline-based Weight Management Efforts	Develop Sustainable Weight Management Program for your Clinics



Respectful, Culturally Competent Approach

the **wellbeing**
campaign

the **wellbeing**
campaign | empowering a
healthy lifestyle

► For Providers & Staff

[About the Wellbeing Campaign](#)

[Video Tips](#) ▾

[Healthy Lifestyle Tools & Resources](#) ▾

[Contact Us](#)

Explore ways to improve your health, or the health of a patient.

Check out our **Video Tips** section for inspiration on how to eat healthier and lose weight.

The **Healthy Lifestyle Tools & Resources** section will give you more details on how to reach your healthier inner you.

[Click Here](#) for Tips for Healthy Eating on a Budget

 **National Jewish Health**
Science Transforming Life*

In partnership with


The Colorado Health Foundation*

 **Salud**
Family Health Centers

 Metro Community Provider Network

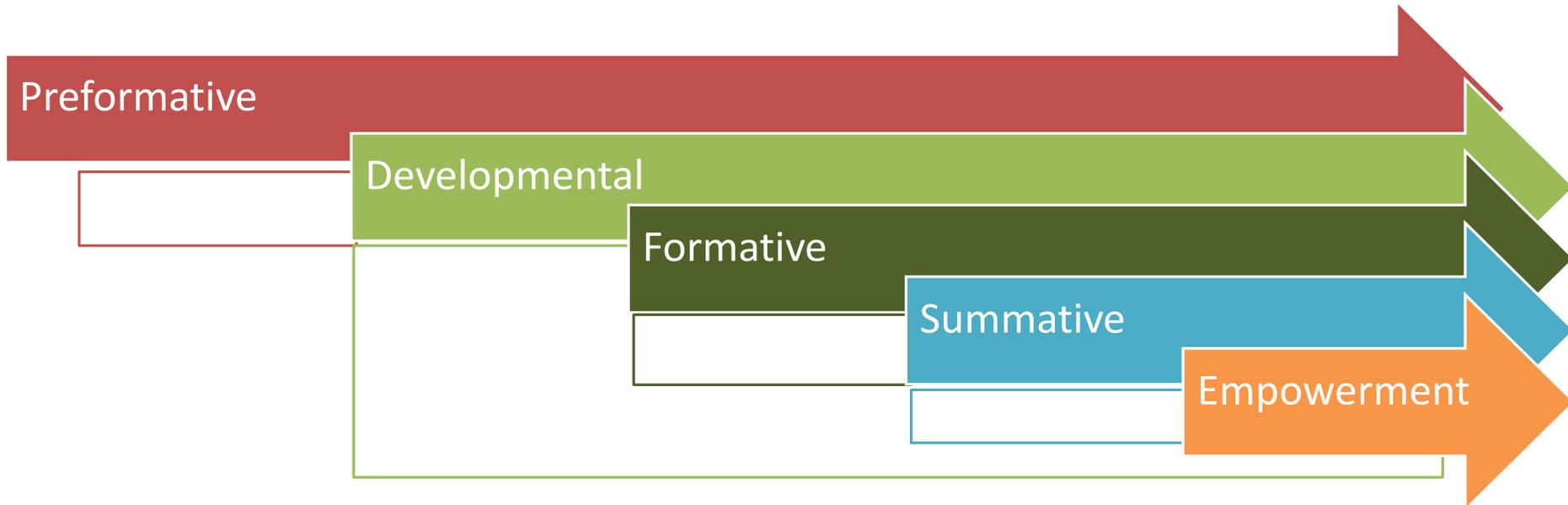
LiveWell
COLORADO


HUNGER
FREE COLORADO

In-Clinic Presence, “Academic Detailing”

- SUCCESS = RELATIONSHIP, RELATIONSHIP, RELATIONSHIP
- In-clinic Nurse and Lay Health Educators
 - Insights into clinic culture, e.g., 2 liter soda bottles and huge Dorito bags by baby weighing scale
 - Response: WBC Water Bottles and Food/Recipes
- MD Shadowing
 - Understood practitioner schedule, 25-30 patients/day
 - Plus lots of deferred medical problems in newly insured
 - Built relationships with champions & model program leaders
- Find Allies and Champions of any type or sort
- Professional Education (CME/CE) help gain access

“Recursive” Approach to Evaluation

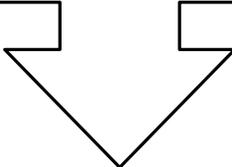


Overview of Baseline Evaluation

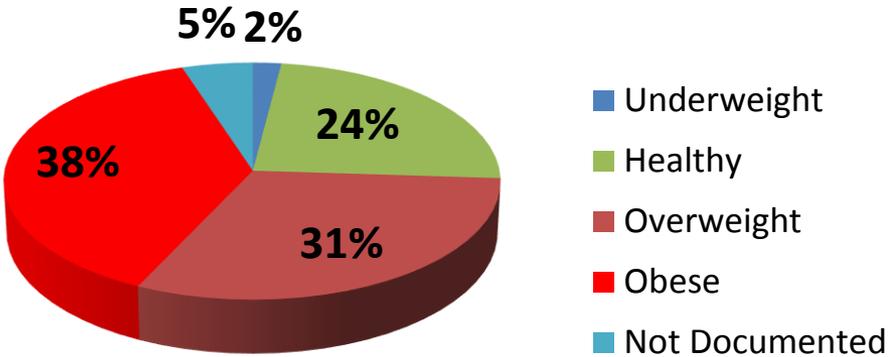
- Surveyed 209 providers (MD, DO, PA, NP, MA, LPN) - Online
- Surveyed 400 overweight and obese patients – Phone
- Focus groups with patients and providers/staff
- Obtained relevant summary data from network EHRs
- Data collection occurred during QIV, 2013

The Current Situation

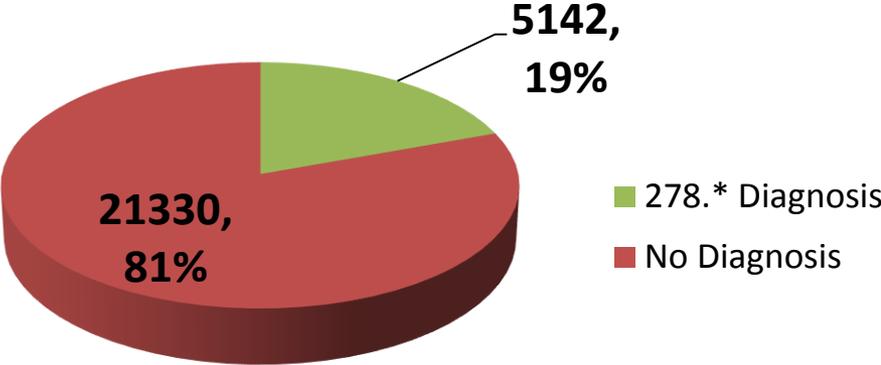
All Patients have Weight Documented as a Vital Sign
Approximately 70% of Patients are Overweight or Obese
However, <20% are Weight Problems Moved to Problem List



**BMI Status Recorded as Vital Sign in EHR,
N=38,255, 2014 Data, Adults Only**



Overweight or Obese Status on Problem List in EHR, 2014 Data, Adults Only



Patients are more comfortable about having a discussion about their weight than providers.

Providers ~~feel they~~ do not have the time.

Providers feel they do not have the support/tools.

Weight is seldom presented as Chief Complaint.

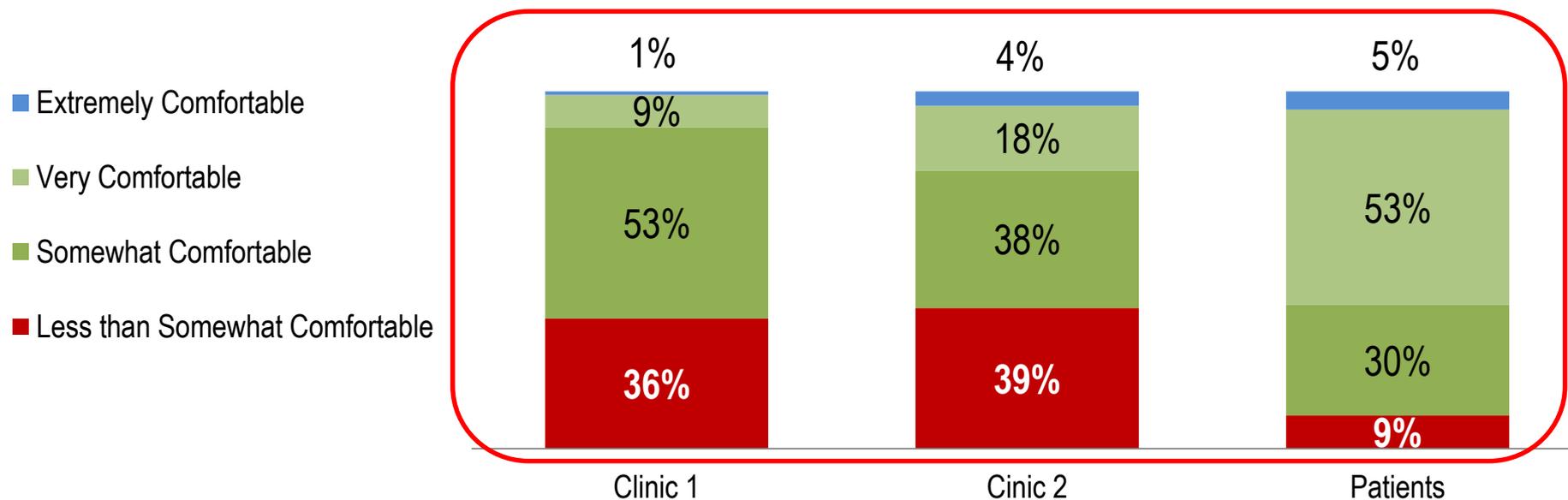
We all are not calibrated to see weight problems.

These are *key barriers* for the success of in-clinic weight management efforts.

Ease With In-Clinic Weight Discussions

*“How comfortable are **you** talking with a provider or staff member at (your clinic) about your weight status?”*

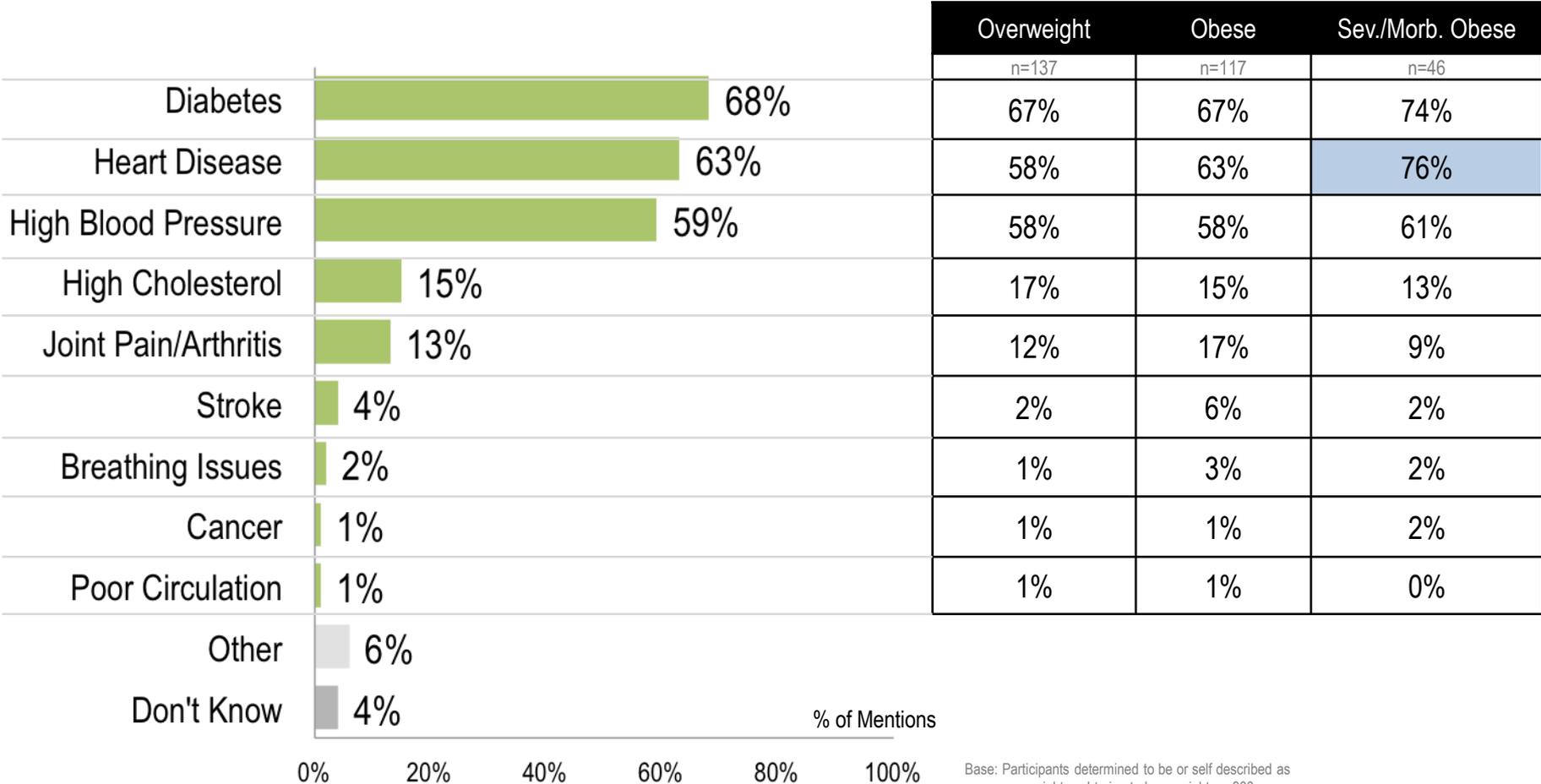
*“How comfortable do you think most overweight or obese patients are with hearing from **you** about their weight status?”*



Understanding Health Risks

While nearly all patients (94%) believe that being overweight can contribute to other health problems, when asked specifically what kind of risks they believe might be related, the most common response was diabetes at 68%, followed by heart disease (63%) and high blood pressure (59%). High cholesterol and joint pain were fourth and fifth, but mentioned at much lower levels of only 15% and 13%. Furthermore, there were few differences in health risk awareness by patients' BMI, but severely/morbidly obese patients were significantly more likely to mention heart disease (76%).

What types of health problems do you think might be related to being overweight?



Base: Participants determined to be or self described as overweight and trying to lose weight; n=300



Personalized Coaching (13 call program)
English and Spanish speaking coaches
***To SET THEIR PERSONAL GOALS
for LIFESTYLE CHANGE!***

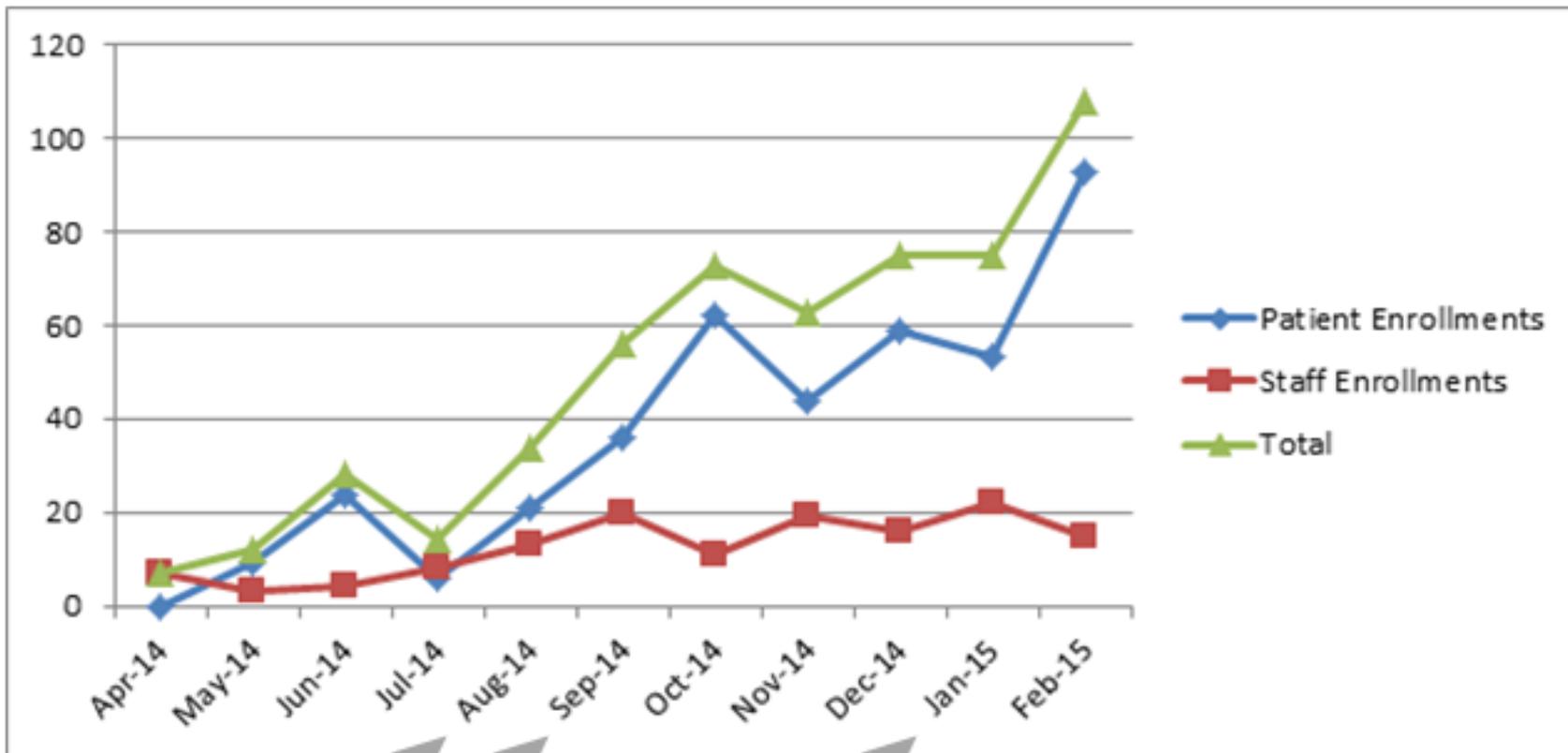


Wifi Enabled Scale
Personal Activity Monitor



12 Month Program
Activity and Weight Dashboards
52 Healthy Steps – educational modules
Timed Incentives
Other Tools and Resources

Impact of Key Interventions on Healthy Lifestyle Coaching Referrals and Resulting Enrollments



Self-track option & triage process incorporated

In-clinic visits begin at four pilot clinics

Enrollment expanded to additional network clinics

1) John, a Health Care Manager

2) Jo, a Patient Health Educator

Practice Flow & Redesign Implementation



Succeeding With Weight Management Within a Busy Clinic

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You can do this in 30-90 Seconds!

How to have a VERY BRIEF talk about weight, and record Overweight or Obesity on the Problem List.



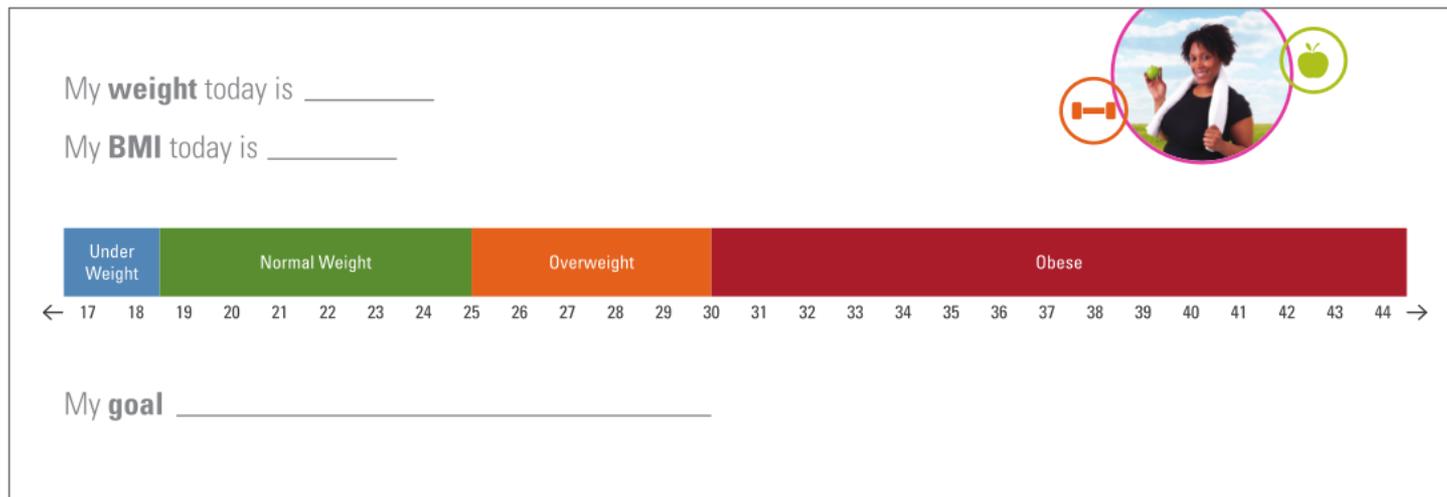
Overview of how to do this:

- 1) Tell patient that their weight is a health problem.
- 2) If possible, relate weight to current complaint.
- 3) Offer resources and tools to use, if they wish.
- 4) Use exit strategies, if needed, to finish talk & get on with why the patient came in to see you today.



WHEN BMI > 25, SAY:

- *“Mr./Mrs./Ms. _____, your weight is (has been) in a range that is a problem for your health.”*
- *Considering showing patient this on the BMI bookmark.*



Challenges and successes with using the BMI bookmark in your practice?

My **weight** today is _____

My **BMI** today is _____



← 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 →

My **goal** _____

Weight Category	Weight Range (kg)
Under Weight	17 - 18
Normal Weight	19 - 24
Overweight	25 - 30
Obese	31 - 44

ADVISE ABOUT SPECIFIC RISK/BENEFITS:

- Tailor to patient's current situation/chief complaint:
 - *"Since you have no weight-related problems now, this is a great time for you to lose some weight."*
 - *"Losing weight is one of the best things you could do for your BP/sugars/lipids/heart/joint pain/etc."*
 - *"Weight loss of 5 - 10% in a year is enough to improve your health, for you that is X pounds."*
 - *"Working on healthy lifestyle would be good medicine for you and your children/family."*

The VERY BRIEF Talk About Weight

ASSIST BY OFFERING ACP BOOKLET:

“Here is a terrific booklet that offers suggestions on how to lose weight. Take this home, look it over and make an appointment to come back and see me/my MA/our PHE/ or ?? in several weeks so we can talk more about this.”

Make It Happen!

HELPFUL WAYS TO LOSE WEIGHT

An Everyday Guide for You and Your Family



¡Comprométase!

CONSEJOS ÚTILES PARA BAJAR DE PESO

Una guía de uso diario para usted y su familia



ASSIST BY OFFERING HEALTH HABITS JOURNAL

A food and exercise log with tips

The Healthy Habits Journal

What is this?

This journal is an easy place to track what you eat and how much you move. It will help you set and reach your goals.

Who can use it?

Anyone who wants to enjoy better health, lose weight, or stay at a healthy weight.

It's always a good idea to talk to your health care provider before you start any eating or physical activity program.

Why use a journal?

Keeping a journal has been shown to help people reach their health, activity, and weight goals.

The yellow pages throughout this journal contain quick tips for healthier eating and activity.

How do I use it?

Write down your food and activity every day. Fill it in as you go through your day, or wait until the end of the day. Make it part of your routine.

- **Green pages:** write down the number of minutes you were active and type of activity. If you use a step counter or activity tracker, record your number at the end of the day.
- **White pages:** list everything that you ate and drank and how much you consumed. Include water and snacks.
 - **Example:** Breakfast — whole-wheat toast (1 slice) with jelly (2 teaspoons), 1 banana, 1 cup coffee (no sugar added).

At the end of the day, take a minute to look back at what you wrote. What healthy choices did you make? How did they make you feel? What are you learning about food and activity? What do you want to change?

Exercise Tracker

Date Range: _____

Day	Types of Exercise	Steps
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total		

ADD WEIGHT TO PROBLEM LIST:

Problem List
Diabetes Mellitus*
Hypertension* 
Myocardial Infarction*
TIA*
COPD*
Glaucoma*
Osteoarthritis
Sleep Apnea
Hyperlipidemia*
Paroxysmal Afib
Obesity

Exit Strategies

Patient gets upset about you addressing his/her weight,

“Doctor are you calling me fat?”

- *“It’s your choice to work on this or not, but I wouldn’t be the doc you deserved if I didn’t bring this up, since losing weight is the single most important change you could make to improve your health.”*



Exit Strategies

Patient want to talk more about weight loss at this visit.

“Doctor what’s the best diet for me to be on?”

“I’ve tried everything, let me tell you about what I’ve done”

- *“You came in today because of XYZ, let’s take care of that now, then get an appointment to me/my MA/our PHE/or ?? in several weeks so we can talk more about this.”*



Patient does not want to work in their weight.

“I have zero interest in losing weight!!!”

- *“This is your choice, just know that if and when you want to work on your weight, we can help you here at Salud.”*



Succeeding with Behavior Change

Providers are mostly trained to be ***Auto Mechanics***:

1. We open the patient's hood,
2. diagnose the problem,
3. then pour in a quart or two of whatever is needed,
4. hopefully, as kindly and gently as possible (which helps the patient know that we are their ally).

But to change behavior, we have no quarts to pour in!

Planet Money, NPR, Are Doctors More Like Moms Or Mechanics? August 21, 2009.

Shared Decision Making's Goal = Make a Decision

Provider has the facts, Patient decides their relevance.

1. Provider presents facts about various options,
2. Respecting patients autonomy and choice,
3. By exchanging “evidence-based” information via:
 - Team Talk – Considering the options together,
 - Option Talk – Discussing pros and cons of options,
 - Decision Talk – Forming and tracking change options.

Succeeding with Behavior Change

The next set of slides will show strategies that are known to help people manage their weight.

How would you discuss these in a Shared Decision Making session with one of your patients?

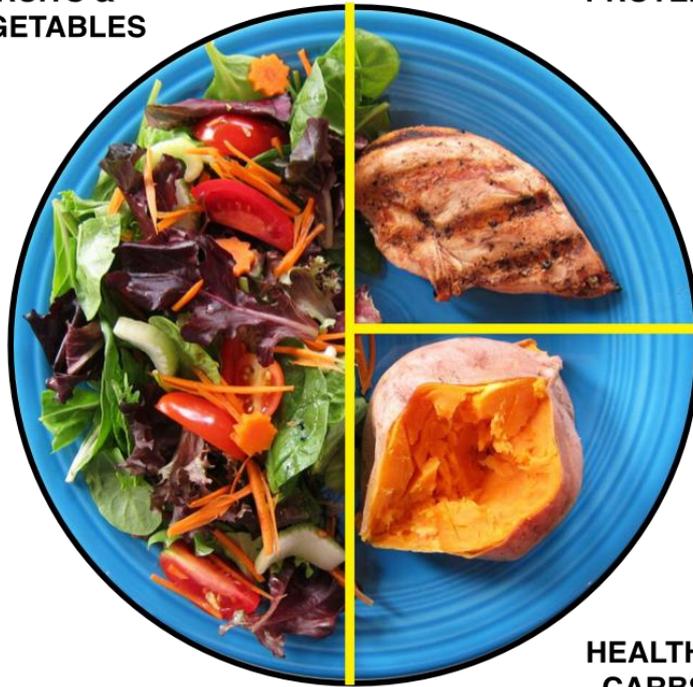
Recommend First Steps

The Healthy Plate

A good first step is to picture a healthy plate. One half of the plate is for fruits and vegetables, and the other half is for proteins and healthy carbs.

**FRUITS &
VEGETABLES**

PROTEIN



**HEALTHY
CARBS**

Portion of Protein and Carbs
= Palm of Hand

Helps them see portions

Often requires patient to eat
new foods

Recommend First Steps

Smaller Plates

Another reason we eat too much is that our plates are so big now. Bigger plates trick us into thinking we need more food to fill us up.

If you use a smaller plate, you will probably eat less food.

Replacing a dinner plate with a salad plate cuts calories by 1/3

Allows patient to eat their usual foods

Works even better paired with Healthy Plate



"I like eating off of a smaller plate because I don't notice I'm eating less food."



Recommend First Steps

Drink Smarter

Soda, fruit drinks, juices, and many coffee drinks have lots of calories. People who have lost weight and kept it off say that one of the easiest changes they made was to switch what they drank to:

- Water. Add lemon, lime or orange slices to perk it up.
- Flavored seltzer water.
- Unsweetened tea or coffee (hot or cold). Add sugar substitute if you want.
- Low fat or skim milk.
- For something sweet, try diet soda or sugar-free drink powders.



"Wow, I didn't realize beer has as many calories as soda!"



- Calories in drinks appear not to trigger satiety.
- Drinks needed as fluids, not calories.
- Controversy exists about the pros & cons of artificial sweeteners.

Recommend First Steps

Chapter 2: Move More

Being active will help you and your family stay healthy. It can also help you:

- Feel better about yourself.
- Keep off extra pounds.
- Have more energy.
- Feel less stressed out.

Here are some ways that people get started:

- Make a plan for when you are going to exercise. Do it at the same time every day if you can.
- Do things you enjoy.
- Ask a family member or a friend to join you.
- Try a gym or community center where you can talk to other people and get help to start.



Moving more doesn't only mean gym/fitness class or jogging/running.

Walk stairs, rather than use the elevator.

While cleaning house, dance to salsa or hip-hop.

During TV commercials, get up and dance or move.



"When I just DO it, I feel better!"

There are many roads to success:

Help your patients find theirs'!!!

Marcella's Tips; Antonio's Tips



“En tu sano juicio!”

a.k.a.

“In your right mind!”

La Campaña 12 Cucharadas

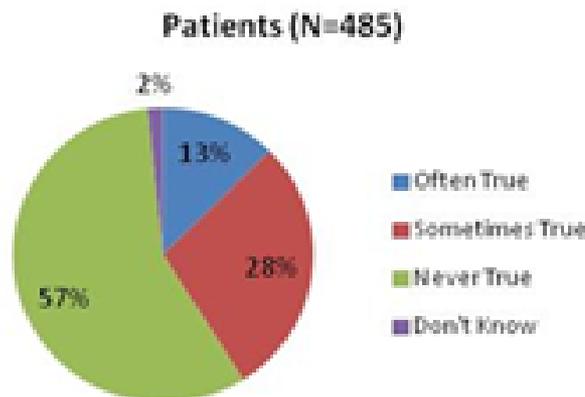
alianzasalud.org.mx

Engage and Collaborate with Community Partners

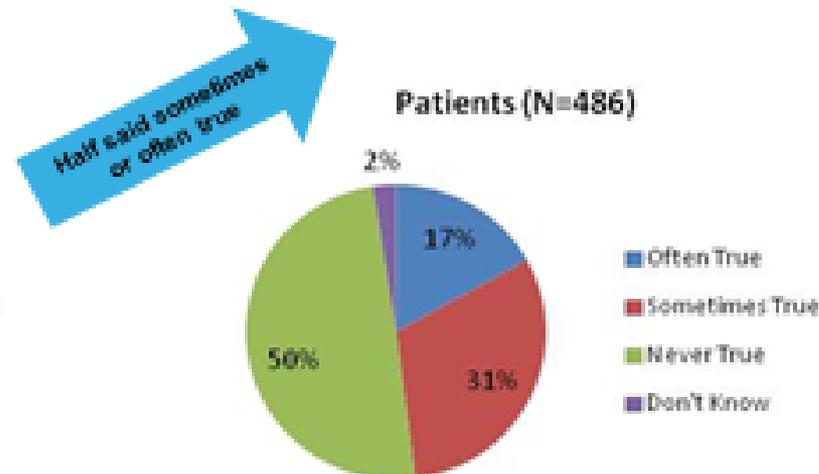
Food Insecurity in WBC Clinic Populations

Patient responses through February 2015

Within the past 12 months the food we bought just **didn't last** and we didn't have money to get more.



Within the past 12 months we **worried** whether our food would run out before we got money to buy more.



99% okay with passing on their information to Hunger Free Colorado