



Advancing High Performance Health

Obesity Care Model  
Collaborative: Case Study

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*HealthCare  
Partners*



## Organizational Profile

HealthCare Partners (HCP) is an integrated and coordinated delivery organization serving both capitated (n≈700,000) and fee-for-service patients (approximately n≈500,000, with 150,000 fee-for-service accountable care organization enrollees) within the Southern California geographic market, as well as numerous other markets located in states such as Washington, Colorado, Arizona, and Florida. HCP principal goals include better aligning the intersection of patient needs, quality of care, and costs. HCP's multispecialty healthcare system has the scale, capacity, data, and analytics systems and infrastructure to test, refine, and document patient-centered obesity innovations. The institution has a more than 30-year track record of providing integrated and coordinated care. Its wide geographic presence and extensive clinical and administrative capabilities, patient pool, and leadership make it an ideal "learning laboratory" for rapid implementation and testing of scalable and sustainable innovative obesity care delivery models to improve care and lower costs.

HCP applies its history and capabilities to help make health care innovations part of the direct personal experience in a cost-effective manner to diverse populations and communities it serves. Its established teams are robustly focused on further developing, implementing, refining, and disseminating scalable/sustainable wellness technology programs to enhance the quality of life for vulnerable patients, particularly those with obesity. The organization broadly shares learning lessons to help enhance the enduring value of care innovations using a variety of methods including websites, teleconferences, symposia, posters, issue briefs, white papers, case reports, and peer-reviewed journal publications.

## Executive Summary

The HCP obesity program has three principal objectives:

1. Individuals use actionable tools to achieve a healthier weight tailored to their personal and professional lifestyles.
2. Individuals learn how to proactively manage their eating habits in a realistic way.
3. Individuals learn how to combine exercise into their daily routine in a way that fits their lifestyle, is fun, and is appropriate for their age and other potential co-morbidities.

## Acronym Legend

- BMI:** Body Mass Index
- EHR:** Electronic Health Record
- HCP:** HealthCare Partners

## Program Goals and Measures of Success

- Focus on identifying individuals who have a body mass index (BMI)  $\geq 30$  but no diagnosis on their record
- Implement provider education with an emphasis on when to use medications and offer patient and caregiver conversations
- Integrate more physician, provider, nurse, senior leader healthy weight "champions"
- Focus on the organizational impact of underdiagnosing obesity (HCC scores)
- Emphasize obesity as a chronic disease as opposed to a personal choice

## Population Identification

HCP uses a variety of health enhancement programs for patients for weight management/obesity management. These programs include one-on-one care and group appointments. The programs are delivered by registered dietitians, health educators, and exercise physiologists, and are provided in multiple, on-site clinics. Through patient engagement, they communicate setting safe weight loss goals, dietary habits, and reinforcement of healthy behaviors (e.g., the "healthy selfie"—pictures of food prepared by patients and shared with other patients and the health team). HCP will begin adding additional internal capacity for the obesity care program to serve more patients due to obesity's prevalence in the communities the system services.

The resources needed to provide similar programs for weight management in multiple geographies strains existing resources of the team, which also provides support for patients with various other chronic conditions (e.g., diabetes, congestive heart failure, hypertension, hyperlipidemia,

pre-diabetes, chronic kidney disease, among others). These programs include group and individual classes, low-calorie meal replacement, pharmacotherapy, and a comprehensive bariatric surgery program administered through a Center of Excellence. Group classes focusing on lifestyle changes are delivered as on-site education programs in locations throughout Southern California by registered dietitians, health educators, and/or exercise physiologists. Patients are either referred by their primary care physician or self-refer and all patients are accepted to the programs. Today, HCP manages approximately 700,000 members, and as many as 150,000 patients meet the obesity definition through BMI metrics, waist measurements, hypertension, pre-diabetes/metabolic syndrome, and hyperlipidemia.

## Intervention, Program Goals, Measures of Pragmatic Success

### **Background**

HealthCare Partners examined barriers that impeded healthy weight management through gap analysis and electronic health record (EHR) reviews of obesity measures, including pre-diabetes/metabolic syndrome. Primary physicians referred their patients to the Healthier You program, which is “housed” in the health enhancement/population health department of organization.

### **Organization**

#### ***HCP Focus on Successful Interventions Essential to Success***

HCP added staff with acumen in exercise physiology, registered dietitians, and health coaches to help facilitate the Healthier You classes and serve as many individuals as reasonably possible. Staffing was also mindful to include Spanish speakers as HCP’s communities are partially comprised of individuals who are of Latino/Hispanic ethnicity.

Patients who have experienced challenges with healthy weight management are referred to a registered dietitian or given a referral to HCP’s Healthier You class. Both referrals involve the following topics:

- Meal planning
- How to read and decipher food labels
- Mindful eating
- Healthy eating at restaurants
- Stress management
- Behavior modification
- Exercise
- Healthy recipe “makeovers”

Some ways HCP helps those to maintain a healthy weight is to include ways to eat better and make proper choices when eating out. This can be especially challenging due to peer pressure and limited healthy food options at many restaurants. HCP offered ways to help address these factors and have individuals be proactive in choosing food options at these venues that were both tasty and healthy for healthy weight management.

Moreover, HCP emphasized mindful eating to help individuals recognize hunger signals, emotional eating, and nutrition. HCP’s programs emphasize healthy eating, fast versus fresh diets, and ways to simplify eating so that it is enjoyable and “hassle-free.” HCP incorporated meal planning by focusing on having a kitchen/pantry filled with fresh foods. Dealing with stress is often accompanied with those battling healthy weight management, and includes breathing exercises and sleep and weight issues.

A principal factor for success was senior leadership (e.g., C-suite) buy-in—there must be physician-leader champions who are viscerally and ontologically connected to the program and believe in its inherent value to help enhance health and wellness. HCP believes that on-site classes are helpful for a personal connection between the health professional and the patient. Hurdles and barriers were the logistical constraints of having patients and providers being at different clinics for the Healthier You classes, and the potential lack of standardization of the classes given different providers. To help minimize this occurrence, regularly scheduled meetings were held with staff to promote key points and scripting for consistent didactic content.

## Outcomes and Results

Healthier You Class Outcome (October-December, 2018)

INDIVIDUAL	WEIGHT IN OCTOBER (lbs.)	WEIGHT IN DECEMBER (lbs.)
1	251.5	245.5
2	308.5	302
3	293	280
4	295	294
5	218	213
6	286	289
7	232	216
8	183	174
9	196	192
10	265	265

Patients who lost the most weight indicated exercising at least 30 minutes a day, at least 5 times a week.

## Lessons Learned, Ongoing Wellness Activities, and Sustainability

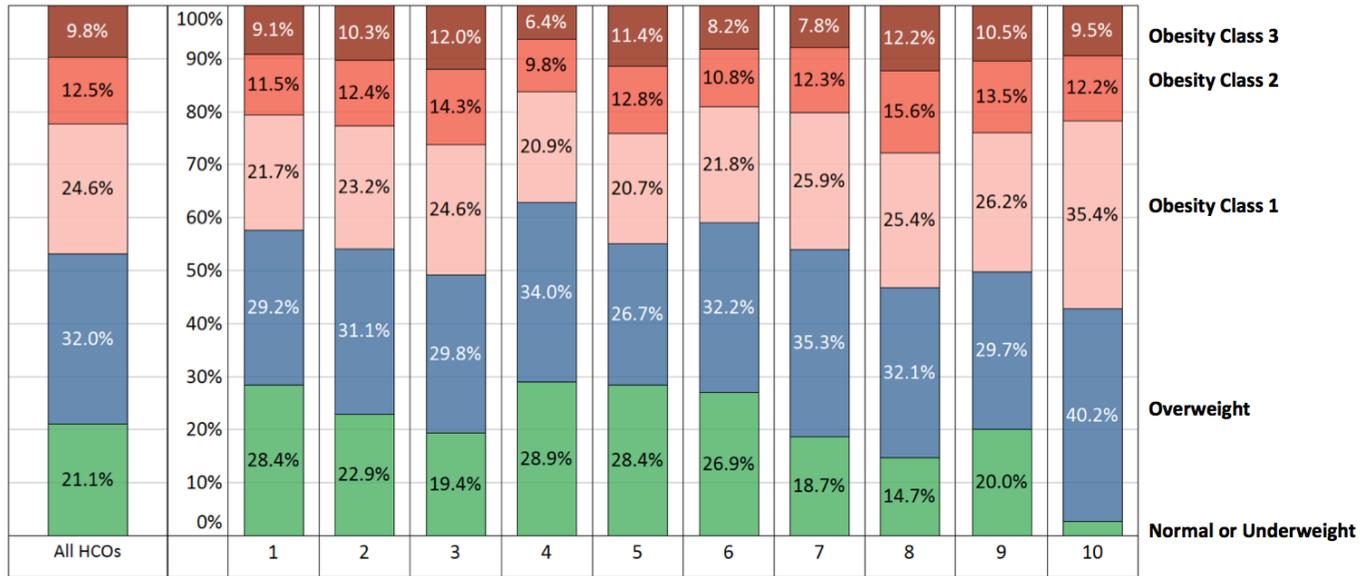
From the national learning collaborative, HCP has considered expanding its team member training on healthy weight management. HCP understands that pharmacologic management of patients who have obesity is not as straightforward as those who have diabetes or heart failure. Ongoing efforts will include adding new providers who are either board-certified in obesity and/or have indicated an interest in certification, refining ongoing and regular provider education, expanding team members to include pharmacists and an obesity nurse navigator, and broadly disseminating its employee wellness program (Vitality) to promote healthy food preparation and healthy weight management (e.g., “healthy selfies”) without abstruse cooking methods.

HCP will also continue to provide standard services while also identifying enhancements and modifications that will improve existing strategies. The organization plans to incorporate a behavioral health screening process to better identify appropriate candidates for existing programs and to triage patients to more appropriate resources as needed. As well, HCP will examine potential barriers that may impede healthy weight management. By adding a behavioral health support component, the organization believes it can address a care gap that might lead to improved success for patients and enhance the sustainability of these programs.

## Final Data Report from AMGA Obesity Care Model Collaborative

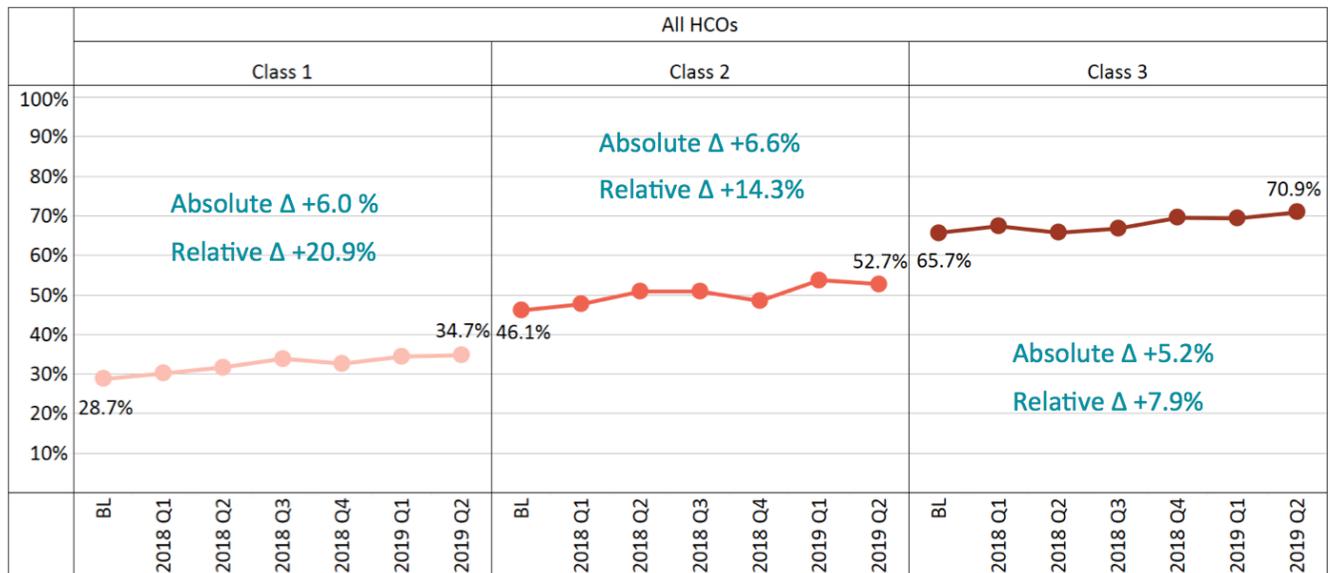
### Prevalence of Overweight and Obesity: 2019 Q2

Targeted clinics for OCMC (~122,000 total patients)



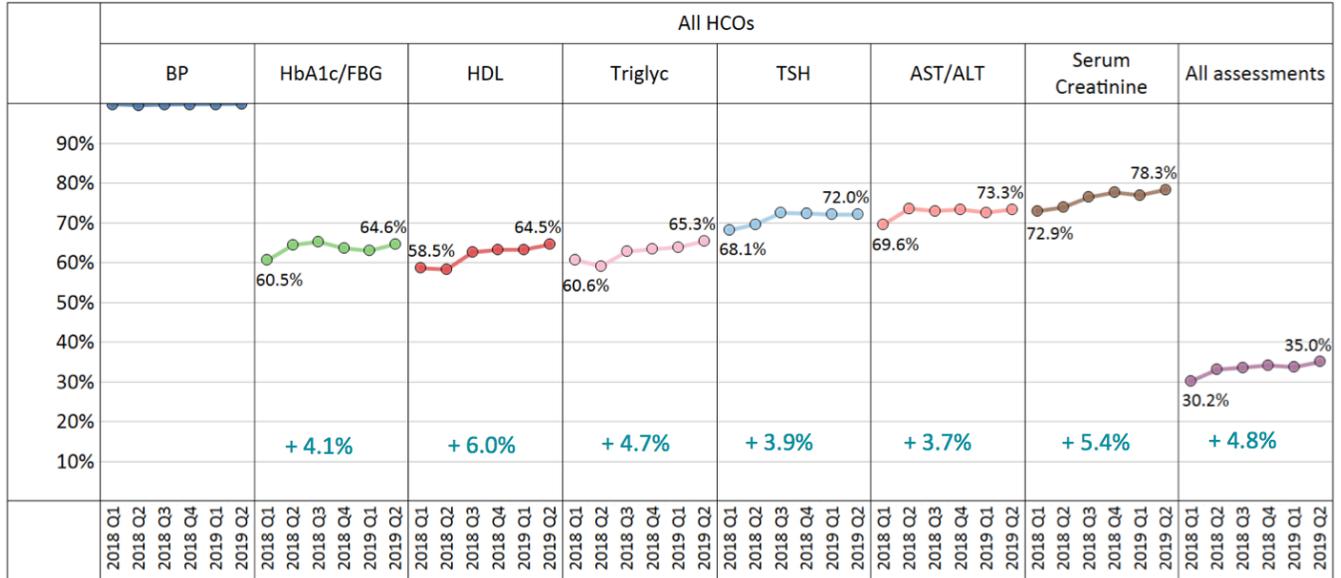
### Collaborative Performance: Documentation of Obesity Diagnosis

- Proportion of patients with BMI ≥ 30 who have a documented obesity diagnosis in Targeted Clinics
- ICD10: E66.01, E66.09, E66.2, E66.8, E66.9



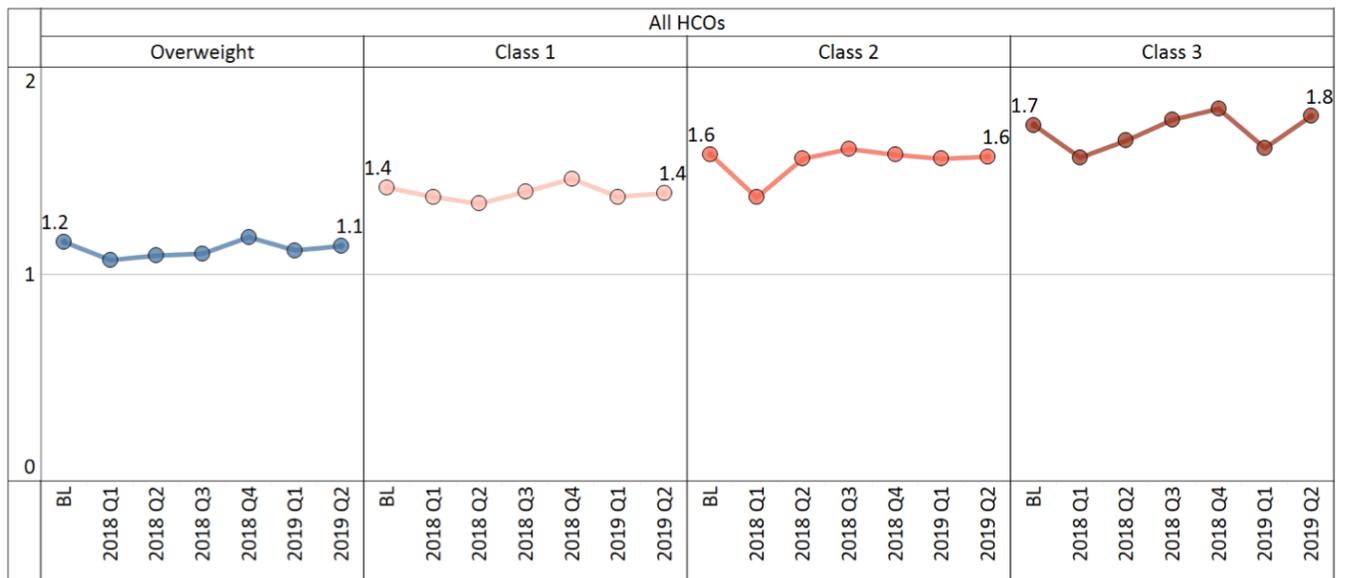
## Assessment for Obesity-Related Complications

- Proportion of patients (BMI ≥ 25) with select laboratory assessments by reporting period, in Targeted Clinics
- ALL assessments remain low but overall improvement since 2018 Q1
- HDL and Serum Creatinine demonstrated some of the largest absolute improvements; 6% and 5%, respectively



## Average Number Obesity-Related Complications Per Patient

- Average Number of obesity-related complications per patient (BMI ≥ 25) by weight class and reporting period
- 6 complications: Type 2 Diabetes, Dyslipidemia, Hypertension, Obstructive Sleep Apnea, Osteoarthritis, Nonalcoholic Fatty Liver Disease



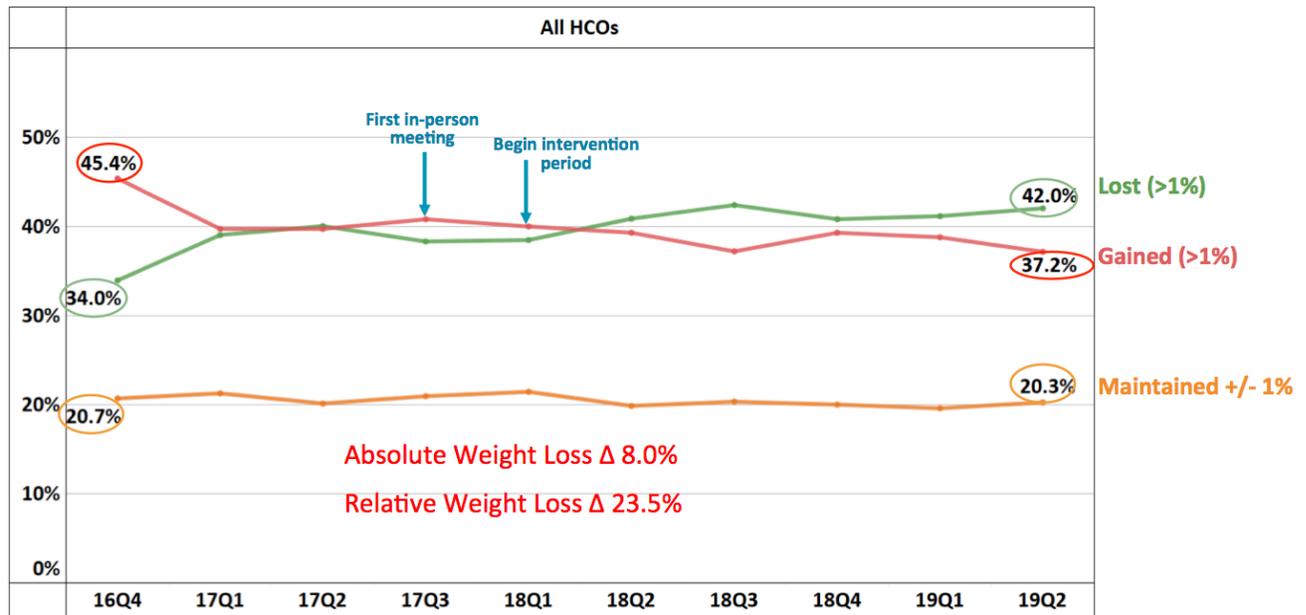
## Obesity-Related Problem Scale

HCO	Pre-Surveys	Post-Surveys	Response Rate	Met Goal Pre	Calculated $\Delta$
9	81	43	64%	Y	Y
5	19	19	24%	N	Y
3	44	7	54%	N	N
8	53	8	60%	Y	N
4	155	NA	73%	Y	N
10	96	NA	98%	Y	N
2	53	NA	100%	Y	N

## Obesity and Weight Loss Quality of Life Instrument

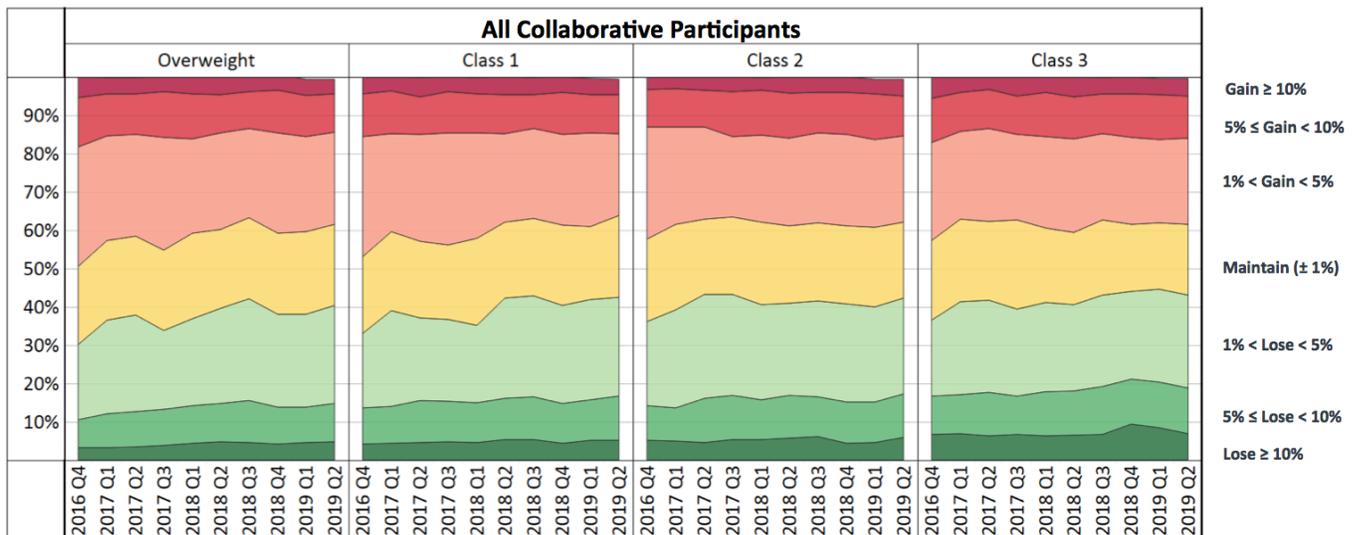
HCO	Pre-Surveys	Post-Surveys	Response Rate	Met Goal Pre	Calculated $\Delta$
9	86	44	68%	Y	Y
5	19	19	24%	N	Y
3	44	7	54%	N	N
4	155	NA	73%	Y	N
10	96	NA	98%	Y	N
2	53	NA	100%	Y	N

## Proportion of patients (BMI ≥ 25) by weight change category and reporting period



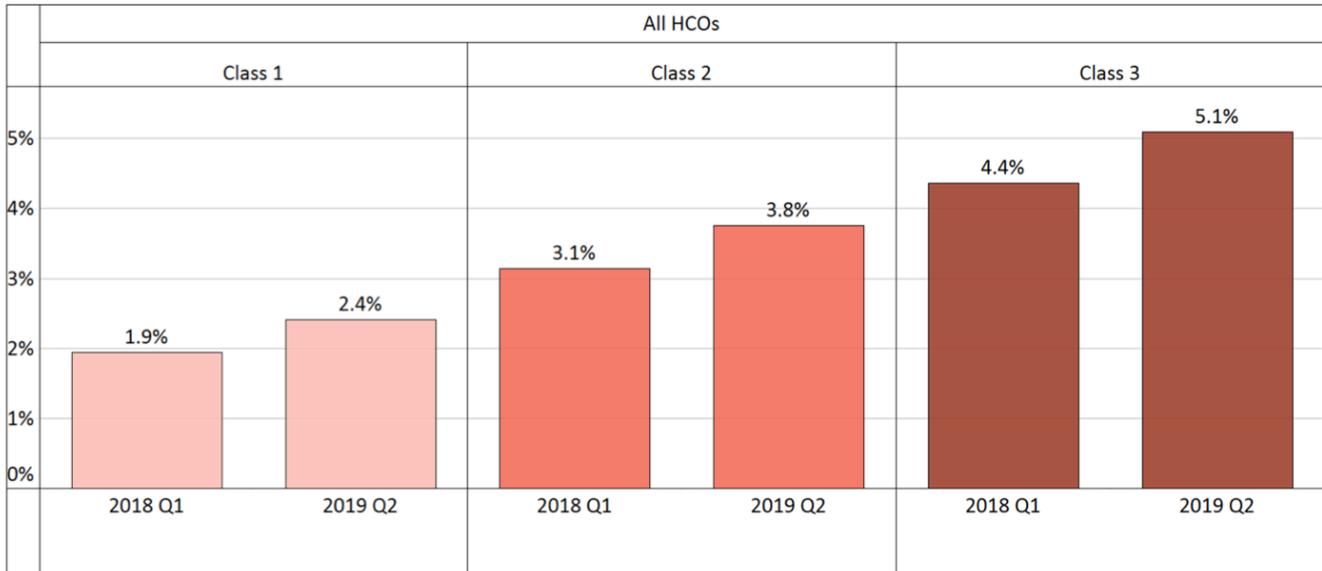
## Measure 6: Proportion of Patients by Percent Weight Change

- By reporting period, weight class and 7 weight categories



## Prescribing Anti-Obesity Medications

- Proportion of patients seen during the time period who have an active Rx for an anti-obesity medication
- Patient-weighted average across all organizations



## Project Team

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