



Advancing High Performance Health

AMGA Foundation

White Paper

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# Cultivating a Comprehensive Obesity Program in Primary Care

*AMGA Obesity Care Model  
Collaborative*



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## AMGA Obesity Care Model Collaborative

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In 2017, AMGA in collaboration with Novo Nordisk, launched a three-year population health-based Obesity Care Model Collaborative to define, pilot, and evaluate a framework and its necessary components to address obesity in primary care within multispecialty medical groups, integrated health systems, or academic medical centers.

Prior to the launch of the collaborative, AMGA conducted a survey of its membership to identify gaps in knowledge surrounding obesity care management within healthcare organizations (HCOs) and to gauge interest in participating in a pilot Obesity Care Model Collaborative. The survey identified a knowledge deficit about obesity care management and existing guidelines: 68% of respondents were not following any guidelines for obesity care management.

Additionally, obesity rates have been increasing over the years. In 2017-2018, the age-adjusted prevalence of obesity in adults was 42.4%.<sup>1</sup> Obesity-related conditions such as hypertension, type 2 diabetes, heart disease, stroke, and some cancer has contributed to the rising cost of obesity. The annual estimated medical cost of obesity in 2008 was \$147 billion.<sup>2</sup>

Because of the survey results, the lack of available primary care models for obesity care management, and the rise of obesity rates across the country, AMGA sought to develop a holistic model of care within a proposed framework. This allowed the participating HCOs the flexibility to develop and integrate their own obesity care models within the context of their health systems and determine the best approaches to care.



## Collaborative Overview

Ten participating HCOs, comprised of medical groups, integrated health systems, or academic medical centers of varying size and geographic locations, were selected to participate in the Obesity Care Model Collaborative. Throughout the three-year collaborative, the HCOs were able to identify and share successful strategies for implementing obesity models of care in their health systems (see “Key Successful Strategies”).

Four national organizations, **American Association of Clinical Endocrinology (AACE)**, **Obesity Medicine Association (OMA)**, **The Obesity Society (TOS)**, and **Obesity Action Coalition (OAC)**, as well as experts in the

field of obesity management participated on a **National Advisory Committee**. The national advisory committee contributed to the further development of the framework and measures and selected the ten participating HCOs in the collaborative. In addition, each participating HCO nominated one representative to serve as an organization advisor to further develop the framework and determine the feasibility of the measures.

The Framework Committee and Measurement Committee were established to develop an obesity care model and its components (i.e., interventions, see Figure 1) and measures. The Framework Committee participated in a series of exercises to prioritize the interventions identified by the HCOs and provided examples on how they would implement them within their systems. The HCOs implemented and tested those interventions using quality improvement tools such as Gap Analysis and Plan-Do-Study-Act cycles; welcomed AMGA staff members for two rounds of site visits at their organizations; and monitored their progress with quarterly action plans. Additionally, the HCOs participated in monthly educational webinars and attended four in-person meetings. The curriculum (Table 1) consisted of presentations from industry experts and national thought leaders on topics ranging from starting an effective implementation team to coverage for adult obesity treatment services. The HCOs also shared project updates and participated in open dialogue discussions around successes and challenges and ways to address them.

## Key Successful Strategies

- Implement staff and provider education
- Support, create, and integrate a multidisciplinary team
- Designate a physician and other clinical champions
- Identify and create community partnerships as “community champions”
- Compile existing community resources lists
- Include a patient/family champion or develop a patient advisory group
- Provide education for patients
- Conduct shared medical appointments
- Work with payers on reimbursement issues for treatment
- Focus on coding opportunities to increase payment for care of patients with obesity
- Target patient problem list for addition of obesity diagnosis

**Table 1: OCMC Curriculum**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Getting organized: how to jumpstart an effective collaborative team</li> <li>• Self-determination theory as a way to address obesity</li> <li>• Priorities for making progress to reduce the health impact of obesity</li> <li>• Patient-centered care</li> <li>• Role of telephonic health coaching in obesity treatment</li> <li>• Integrating medical nutrition therapy into obesity management in primary care</li> <li>• Putting obesity medicine guidelines into practice</li> <li>• Shared decision-making</li> </ul> | <ul style="list-style-type: none"> <li>• Lifestyle interventions in weight management and obesity</li> <li>• Alternative eating patterns</li> <li>• Update on the new pharmacotherapy agents and appetite regulation</li> <li>• How to assess adiposity and obesity in the clinical setting</li> <li>• Incorporating Cognitive Behavior Therapy in obesity management</li> <li>• Incorporating exercise therapy in obesity treatment</li> <li>• Coverage for adult obesity treatment services</li> <li>• Barriers to effective obesity care</li> <li>• Surgery: is bariatric surgery effective to treat obesity?</li> </ul> |
|---|---|

The interventions were implemented within four care model domains: **Community, Healthcare Organization, Care Team,** and **Patient and Family.**

Below are specific examples by domain of some of the most successful interventions identified by the participating HCOs:



## Community

*Building relationships with and engaging the community (local, external businesses, and organizations) to provide services to patients with obesity.*

### Identify and create Community Partnerships for identified gaps and identify “community champions” to facilitate partnerships.

- **Guthrie Clinic:** Holds an Annual Food Farm Family Festival, a free community event that promotes healthy living in a family-friendly environment. The festival features free family fun, food samples, farmers’ market items on sale, community organizations, and much more. Over 35 local vendors/farmers participate. Held in August each year, the Food Farm Family Festival attracts 500 residents and 50-60 vendors, most of them farmers.
- **Confluence Health:** Created an Exercise Prescription tool. Local gyms and trainers were identified and approached to give feedback on the Exercise Prescription tool while trying to improve communication regarding activity.
- **The Iowa Clinic (TIC):** In partnership with the Iowa Department of Public Health, TIC worked on a public 5-2-1-0 Education Campaign (5 or more fruits and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity and 0 sugary drinks, more water and low fat milk) across the state, targeting four communities: West Union, Mt. Pleasant, Dubuque, and Malvern. Their multi-sector approach included early childhood, schools, communities, workplace, after school, and health care and follows three core principles: environmental and policy change influences behavior change; interconnectivity across sectors is essential; and strategies are evidence based and continuously evaluated. Collaborating with the department of public health provided TIC with the opportunity to leverage local resources and further engage and support the community they serve.



## Healthcare Organization

*Medical group/health system’s administrative, financial, and clinical initiatives to develop and provide support for care delivery to patients.*

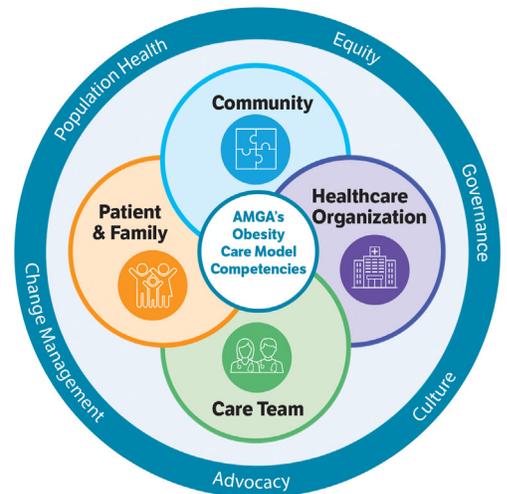
### Obtain leadership buy-in.

- **HealthCare Partners:** 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 obesity program and believe in its inherent value to help enhance health and wellness for patients with obesity.

### Assess the culture of the organization for weight bias and stigma and support the development of training.

- **Novant Health:** Provider education specifically focused on weight bias/stigma in health care, effective communication, and identification of services available to support lifestyle management intervention.

**Figure 1: AMGA Obesity Care Model**



## Evaluate your employee wellness program for services for weight management.

- **Tulane University Medical Group:** Tulane Living Well Metabolic Care Program is a systematic approach to obesity management that involves a 360° view including eight targeted interventions: Health Coaching, Culinary Medicine, Exercise, Cognitive Behavioral Therapy, Dietary Counseling with or without Meal Replacement Therapy, Pharmaceutical Intervention, Diabetes Prevention Program, and Bariatric Surgery.



### Care Team

*Engage a multidisciplinary team in the seamless implementation of interventions to increase the continuity of care to patients with obesity.*

### Develop referral networks.

- **Mercy Clinic East Communities:** Mercy started tracking referrals to the clinic, as well as new patient visits, each month in order to address the goal of developing a referral process and guidelines for the Weight and Wellness clinic.

### Support, create, and integrate a multidisciplinary team into the workflow.

- **Advocate Aurora Health:** The steering committee plans to increase meeting cadence to include regular phone-based meetings and occasional in-person meetings, as well as establish work team sub-committees to accomplish the goals of the committee. This is being matched with an administrative team to support the goals of the clinicians and develop a business case to obtain resources for sustainability.



### Patient and Family

*Patient and family centered interventions that develop relationships, and create partnerships among practitioners, patients and their families.*

### Offer support groups.

- **Utica Park Clinic:** Behavioral Health classes piloted in Cushing, Oklahoma, provided an in-person weekly group meeting to discuss healthy lifestyle, weight management, and nutrition. These meetings gave patients a support system within the community, while also providing medical resources when necessary.

## Confluence Health

Confluence Health developed a comprehensive Weight Management Program handbook as an education tool for providers and staff caring for patients with obesity. For more information, visit their case study.

## Cleveland Clinic

Cleveland Clinic worked with its HealthCare partners' liaison to identify patients interested in collaborating. In total, two HealthCare partner meetings were held and the HealthCare partners were invited to their internal group meeting. The HealthCare partners provided positive feedback of the current content and flow of the shared medical appointments (SMAs), and several suggestions were identified by the HealthCare partners and are being considered. The HealthCare partners' feedback was very informative, and Cleveland Clinic incorporated their suggestions into its SMAs.

## Measures and Results

Although guidelines exist for obesity management in primary care, evaluating the success of obesity treatment programs is hampered by lack of established, robust quality measures. This learning collaborative aimed to develop, and test for feasibility, measures for operational tracking, quality performance, and patient-centered care.

Seven measures were developed and evaluated to track the care of patients with overweight/obesity receiving care within 10 healthcare organizations (HCOs).

### Operational tracking

**Measure 1a:** Prevalence of overweight and obesity in primary care across the organization

**Measure 1b:** Prevalence of overweight and obesity in clinics targeted for the collaborative

**Measure 2:** Obesity-related complications per patient

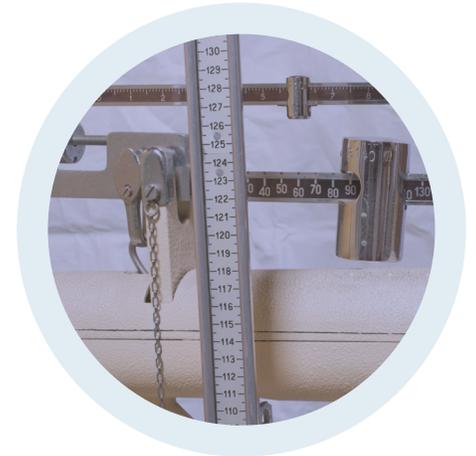
### Quality performance

**Measure 3:** Documentation of obesity diagnoses

**Measure 4:** Assessment for obesity-related complications:  
Blood Pressure, HDL cholesterol, Triglycerides,  
HbA1c/Fasting Glucose, TSH, AST/ALT, Serum Creatinine

**Measure 6:** Percent weight change in a 15-month period

**Measure 7:** Prescribing of Anti-Obesity Medications



Generic Name	Brand Name
bupropion + naltrexone (Combo)	CONTRAVE
lorcaserin*	BELVIQ
phentermine + topiramate (Combo)	Qsymia
liraglutide	Saxenda
orlistat	Xenical, alli
phentermine hydrochloride	e.g., Adipex-P, Suprenza, Lomaira
phendimetrazine tartrate	e.g., Bontril, Adipost, Anorex-SR
diethylpropion hydrochloride	
benzphetamine hydrochloride	Tenuate
bupropion	Didrex, Regimex
naltrexone	
phentermine	
topiramate	

\* While FDA withdrew it from the market in January 2020, it was still approved at the time of the collaborative.  
<https://www.fda.gov/drugs/drug-safety-and-availability/fda-requests-withdrawal-weight-loss-drug-belviq-belviq-xr-lorcaserin-market>

### Patient-centered care (patient-reported outcomes)

**Measure 5a:** Number of patient-reported outcome measure surveys completed

**Measure 5b:** Change in patient-reported outcome measure

The 10 participating HCOs were successful at collecting and submitting data on patients with overweight or obesity for 4 quality performance measures and 2 operational monitoring measures and demonstrated limited success on 1 patient-reported measure. After a year of observation, the process measure of identification and diagnosis of obesity-related complications increased. Across all HCOs, a shift in weight change was observed over the course of the collaborative, with equal increases in the proportion of patients who lost weight and decreases in the proportion who gained weight. Assessment for all 7 obesity-related complications increased over the course of the collaborative. Anti-obesity medication (AOM) prescribing rates were the most difficult measure to change, and the majority of improvement was observed in patients with obesity class 3. Patient-reported outcome measures (PROMs) were the most difficult measure to collect; however, those who were successful felt it was a highly valuable measure for both patients and providers, and several sites are working to integrate these surveys into their electronic health records (EHRs).

In preparation for an OCMC in-person meeting in Fort Lauderdale, AMGA Analytics shared data demonstrating a potential association between obesity diagnosis and weight loss. The OCMC collaborative participants, national advisors, and guest speakers collectively encouraged the Analytics team to explore this association further, as this could prove to be a significant contribution to the literature and practice of managing patients with obesity. This could be the hook to encourage healthcare professionals to improve identification and subsequent treatment of patients with obesity. The Analytics team persisted and in October 2020, published a “Brief Cutting Edge Report” in the journal *Obesity*, along with three of the OCMC national advisors, demonstrating a significant association between an obesity diagnosis and weight loss, after controlling for demographics, insurance type, utilization intensity, and antiobesity medication prescriptions. Figure 2, taken from the article, compares weight loss of  $\geq 5\%$  and  $\geq 10\%$  body weight among individuals with and without an obesity diagnosis on a claim or patient problem list on the same day as an initial weight. Both comparisons are statistically significant at  $P < 0.0001$ . The article, “Diagnosing Obesity as a First Step to Weight Loss: An Observational Study” is open access and can be found here: [Diagnosis and Weight Loss Article](#).<sup>3</sup>



## Lessons Learned

Throughout the three-year collaborative, the participating HCOs identified and shared innovations, successes, and challenges, and tested models of care to address obesity in their health systems. Throughout this process, they have identified learnings.

- A collective voice from the physician-led Weight Management Steering Committee paired with a business plan for systematic rollout will inspire executive leadership to elevate weight management to a strategic priority. This support is required to procure the right mix of resources while scaling up throughout the organization. Obesity is a multifactorial disease that will take a very integrated system to treat. **Advocate Aurora Health**
- One of the major lessons learned through this process was the importance of a diverse and committed team to implement the interventions. Biweekly team meetings were essential to overcome unforeseen challenges and improve the interventions to make them a success. **Cleveland Clinic**
- A percentage of providers will resist change in the treatment of obesity in any organization. Ongoing reinforcement of treatment and evidence-based approaches help defuse this. It is hard to change behavior and preconceived ideas of providers and staff. **Confluence Health**
- Guthrie needed to be able to change its approach and initial thoughts based on what the providers reported worked better within their clinics. Providers became more engaged as the collaborative staff maintained a consistent presence and provided ongoing support. **The Guthrie Clinic**
- HealthCare Partners understands that pharmacologic management of patients who have obesity is not as straightforward as managing those who have diabetes or heart failure. **HealthCare Partners**
- Having an active Obesity Project Champions Taskforce was key, as was the need to continue to work on shared medical appointments. **The Iowa Clinic**
- Getting things approved and moving forward at a system level is an extremely slow process. There are small changes that can be implemented nimbly, but larger things take much more time than expected. **Mercy Clinic East Communities**
- The current landscape of insurance coverage for obesity services makes implementing a consistent, standardized care pathway difficult in an environment with as broad a scope as primary care. **Novant Health**
- Health coaching, pharmaceutical intervention, dietary counseling, and culinary medicine were among the most effective interventions in the collaborative. **Tulane University Medical Group**
- Provider engagement remains a key component to a successful approach to change. Providers have different interpretations regarding communication technique and best practices. Having more than one opinion or level of expertise would be a strong advantage that would allow for more avenues of insight when considering engagement. **Utica Park Clinic**

## Sustainability

A focus for the HCOs during the Collaborative was to cultivate a sustainable comprehensive obesity program within their organization. Some sustainable efforts identified by the participating HCO's were:

- Adding another dedicated obesity clinic
- Embedding PROMs into EHR
- Continuing to collect select measures
- Adding strategies tested by other groups (e.g., shared medical appointments)
- Expanding to new providers
- Expanding team members to include pharmacists, obesity nurse navigator, etc.
- Permanent community programs (e.g., Walk with the Doc, Community Garden)
- Patient advisory boards to inform programs
- Leveraging employee wellness programs
- Ongoing and regular provider education



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## References

1. C.M. Hales, M.D. Carroll, C.D. Fryar, and C.L. Ogden. 2020. *Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017–2018*; NCHS Data Brief No. 360.
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OCMC Collaborative Participants, National Advisors, AMGA Staff, and Novo Nordisk representatives at the final in-person meeting, May 2019

## Participating HCOs

**Advocate Aurora Health**, Illinois and Wisconsin  
*Large not-for-profit, integrated health system*

**Cleveland Clinic**, Ohio  
*A non-profit, multispecialty academic medical center*

**Confluence Health**, North Central Washington  
*Integrated healthcare delivery system*

**The Guthrie Clinic**, North Central Pennsylvania  
*A multispecialty group practice*

**HealthCare Partners**, Southern California  
*An integrated and coordinated delivery organization*

**The Iowa Clinic**, Central Iowa  
*The large physician-owned, multispecialty group*

**Mercy Clinic East Communities**, Missouri  
*An integrated system*

**Novant Health**, North Carolina  
*A not-for-profit integrated system*

**Tulane University Medical Group**, Louisiana  
*Academic faculty practice*

**Utica Park Clinic**, Oklahoma  
*Part of Ardent Health Services and Hillcrest HealthCare System's physician group*



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