

Weight MANAGEMENT

in Community Health:

Bridging Systems & Care Coordination
Prevention, Management, &
Treatment

Learning Collaborative Session #4



Today's Agenda

- Welcome
- Overview of Technology and Reminders
- Treatment
- Fishbone Diagram
- Next Steps and Q & A



Technology: Your Zoom Window

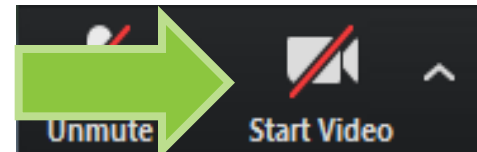
Sound

- Muting/Unmuting
- Press *6 to unmute phone audio



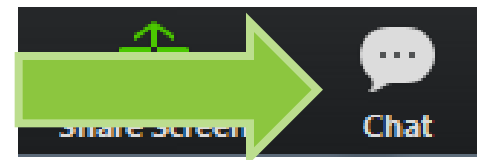
Webcam

- Please share!

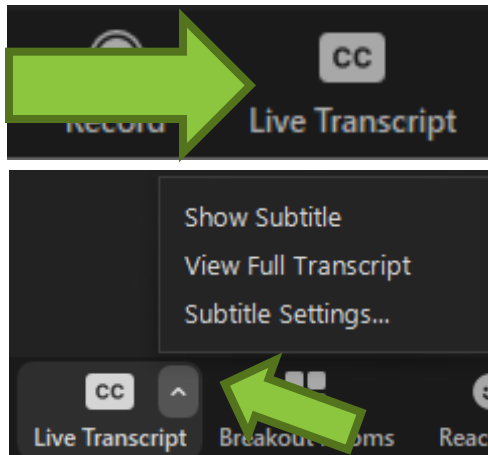


Chat

- Questions
- Sharing resources/ideas

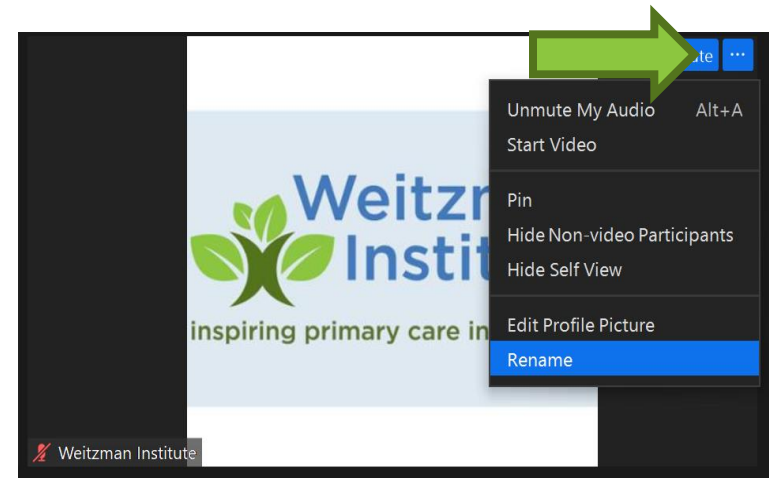


Technology: Your Zoom Window



Closed Captioning & Live Transcript

- Click on the caret or icon
- Select 'Show Subtitle' for closed captioning on screen
- Select 'View Full Transcript' for live transcript pop-out window



Change Your Name

- Click on the three dots
- Click 'Rename'
- Type in your name



Rapid Recaps

1. Return to the **Overview tab** of the live activity, *Live Session–Module 3: Screening and Assessment*
2. Scroll down to the **Rapid Recap** header

You will then be able to click on **Rapid Recap** listed below the headers to access the resources.

Weight Management in Community Health: Bridging Systems & Care Coordination



RAPID RECAP/KEY TAKEAWAYS

Learning Objectives:

- Identify barriers to diagnosing and treating obesity for patients in your healthcare center
- Evaluate various screening tools for obesity and determine their appropriateness in different clinical scenarios
- Create a comprehensive obesity treatment plan that incorporates a multidisciplinary approach for management

Process Mapping for Identifying Barriers:

- A flowchart is a visual representation of a workflow
- Typically focuses on current process
- Used to design optimized and future processes
- Helps to identify delays, bottlenecks, duplicate work, gaps, etc
- Begin by identifying start and end points

Tips for Designing Flowcharts:

- Limit flowchart to 6-9 steps to maintain a high-level overview
- Map out the most frequently occurring processes and avoid mapping infrequent steps
- Anticipate several meetings to complete this process
- Expect disagreements and involve other team members for clarification
- Use shapes, colors, and symbols to identify delays, roles, etc



Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by The France Foundation and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

This series is intended for clinical leadership, primary care providers, behavioral health providers, dietitians, nurses, QI/technical teams, and other members of the care team.

Please complete the post-session survey and claim your CE certificate on the WeP after today's session.



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Disclosure

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (or spouse) and any for-profit company in the past 12 months which would be considered a conflict of interest
- The views expressed in this presentation are those of the presenter and may not reflect official policy of Moses/Weitzman Health System and its Weitzman Institute
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA-approved) and any limitations on the information that I present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion



Acknowledgements

- This activity is supported by an independent medical educational grant from Lilly



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At the Weitzman Institute, we value a culture of equity, inclusiveness, diversity, and mutually respectful dialogue. We want to ensure that all feel welcome.

If there is anything said in our program that makes you feel uncomfortable, please let us know.



Series Learning Objectives

- Ascertain metrics of your healthcare center against key performance measures related to the obesity care
- **Identify barriers to diagnosing and treating obesity for patients in your healthcare center**
- Formulate an improvement plan for establishing diagnostic and treatment plans for patients with obesity in your healthcare center
- Develop an improvement plan for managing holistic care of patients with obesity in your healthcare center



Learning Objectives (Session)

- Describe the various medical and pharmacological treatments available for obesity
- Identify barriers to treating and managing obesity in patients of your healthcare center
- Formulate an improvement plan for establishing treatment plans for patients with obesity in your healthcare center



Obesity Is a Chronic Disease



Educate patients about obesity as a chronic disease



Genetic contributors to obesity have **little to do with personal willpower** or control



Medications change physiology **only** while they are being taken

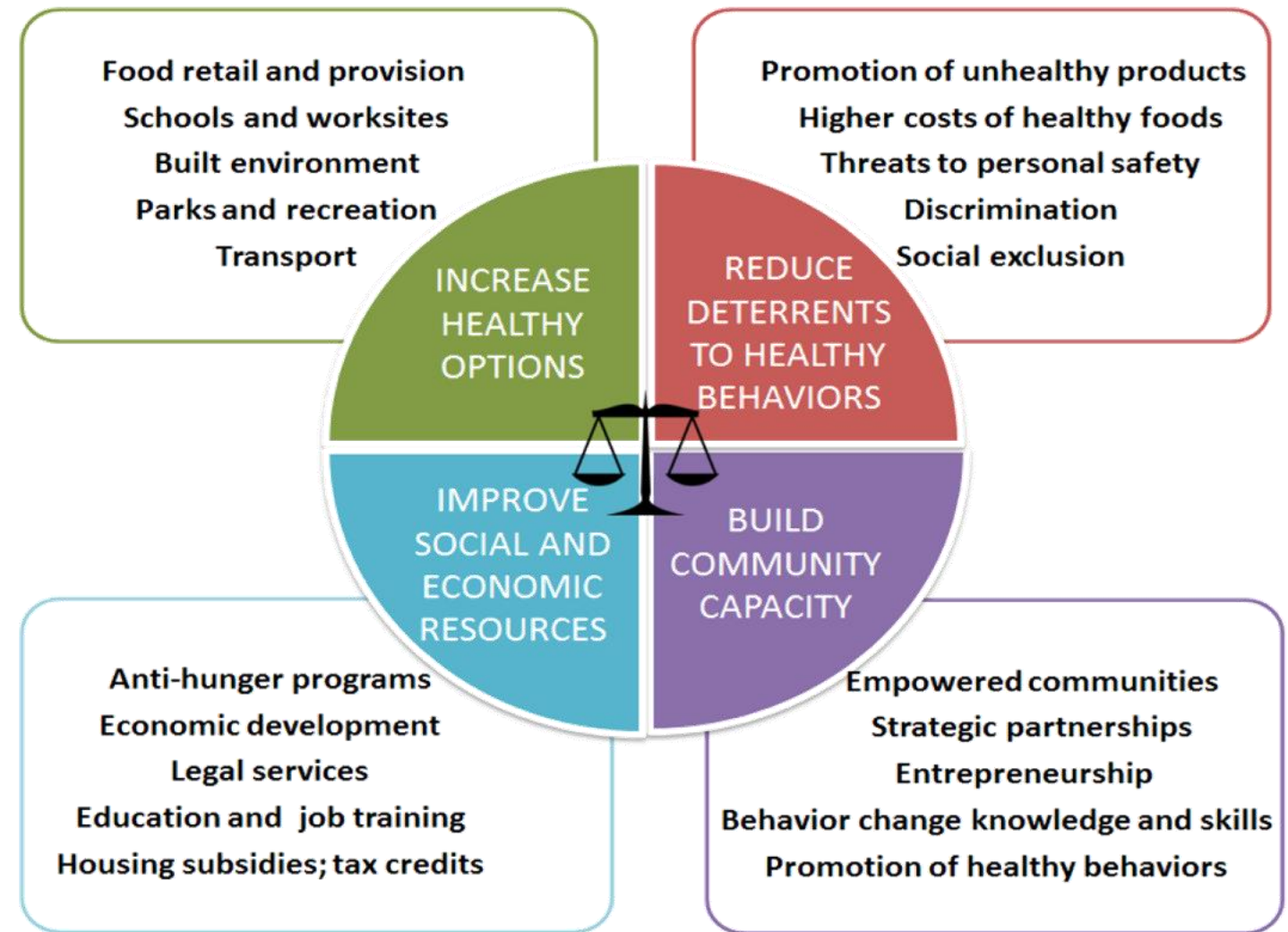


Relationships with providers will be **life-long**, as with other chronic diseases



Preventing Obesity

- Addressing inequities in social structures and processes is crucial to
 - Reducing population-level disparities in obesity prevalence
 - Achieving equity in healthy weight



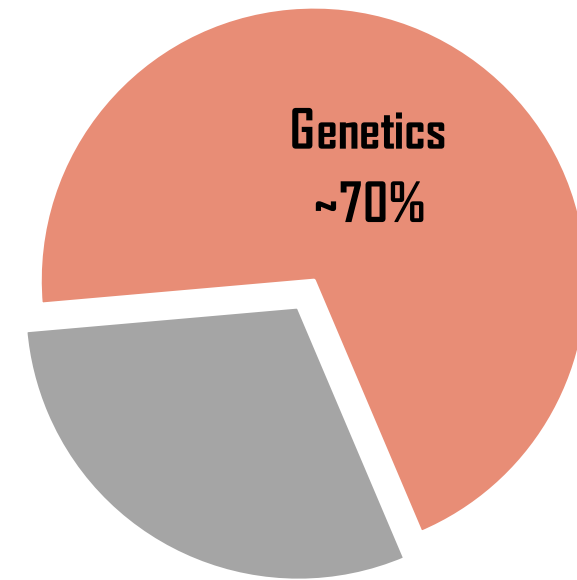
Managing Obesity as a Chronic Disease

What do we know now that we didn't know years ago?

*"Obesity is a complex, multifactorial condition characterized by excess body fat. It must be viewed as a **chronic disorder** that essentially **requires perpetual care, support, and follow-up**. Obesity causes many other diseases, and it **warrants recognition by healthcare providers and payers.**"*

- > 100 genes/gene variants related to excess weight have been discovered
- There are complex interactions between genetic, behavioral, and environmental influences, resulting in epigenetic changes

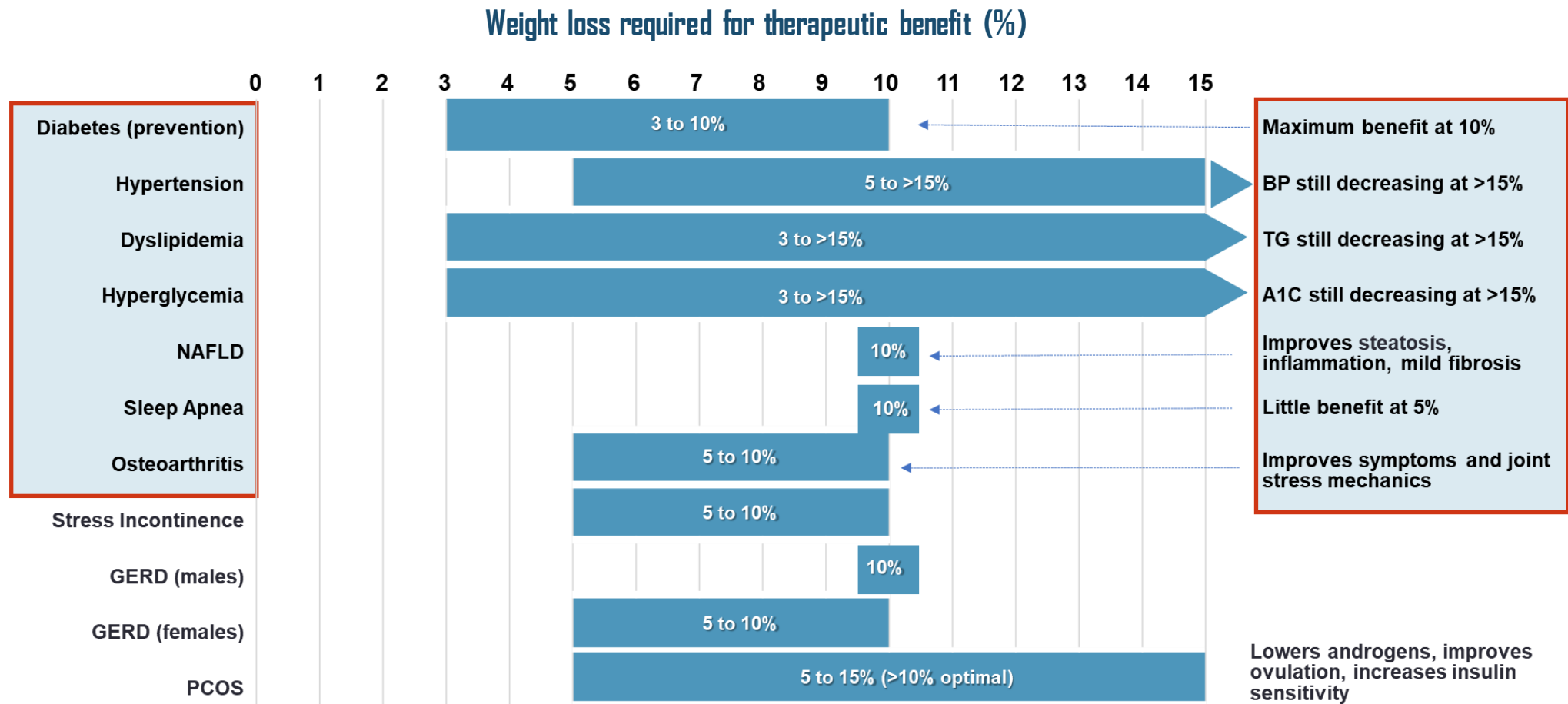
Obesity Risk Factors



Genetics contributes up to ~70% risk for obesity



Treating the Obesity: Therapeutic Weight Loss Reduces Complications



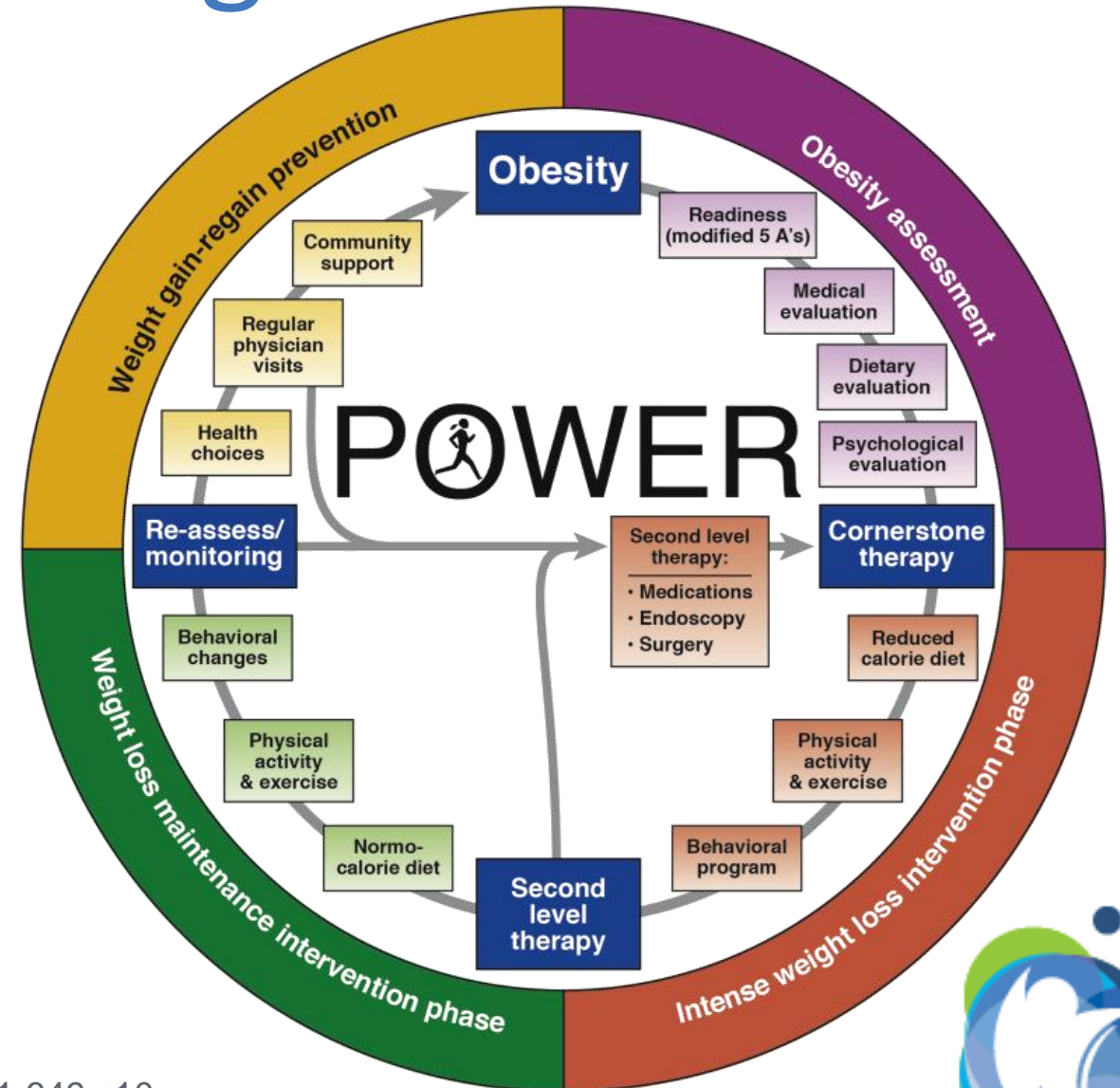
A1C = glycated hemoglobin; BP = blood pressure; GERD = gastroesophageal reflux disease; NAFLD = nonalcoholic fatty liver disease; PCOS = polycystic ovary syndrome; TG = triglycerides.

Cefalu WT, et al. *Diabetes Care*. 2015;38(8):1567-1582.

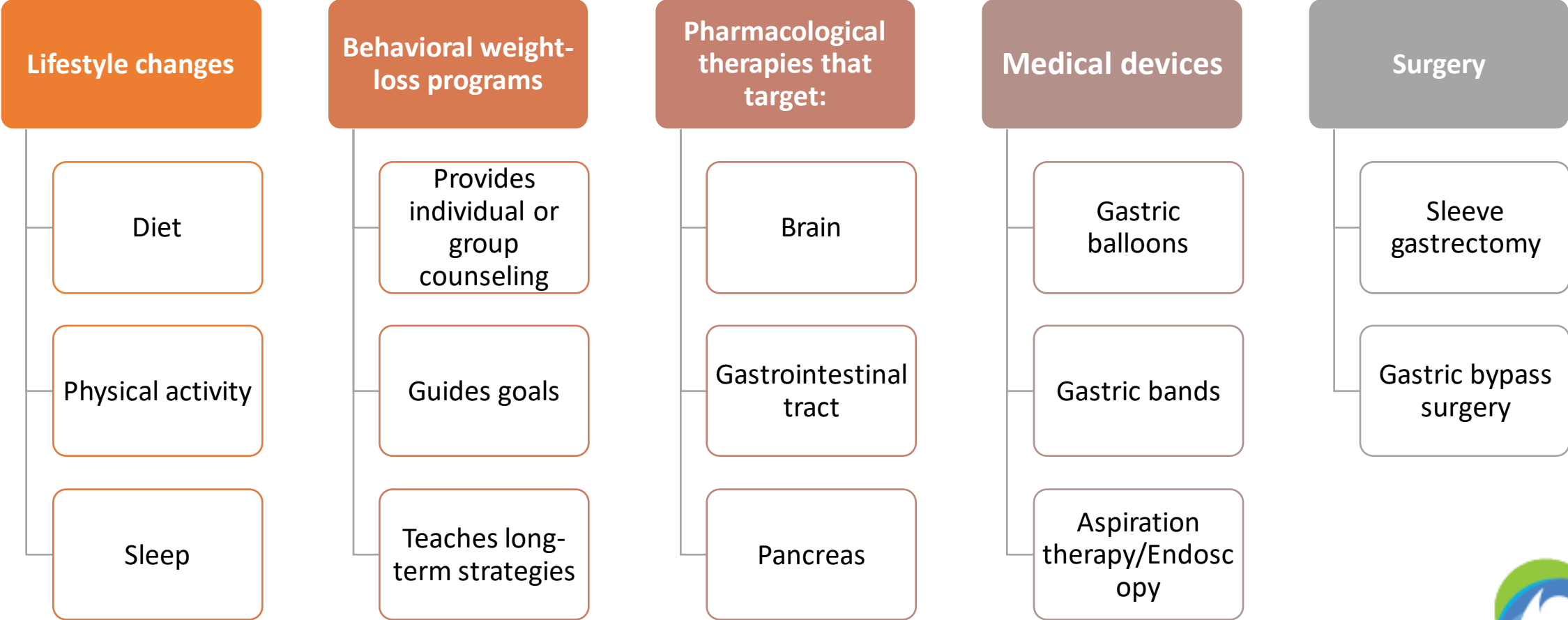


Multidisciplinary Management

- Effective obesity treatment involves collaboration with professionals in nutrition, behavior, and physical activity
- Team may include
 - Physicians
 - Bariatric surgeons
 - Endoscopists
 - Physician assistants
 - Nurse practitioners
 - Registered dietitian nutritionists
 - Psychiatric social workers
 - Psychiatrists or psychologists
 - Medical assistants



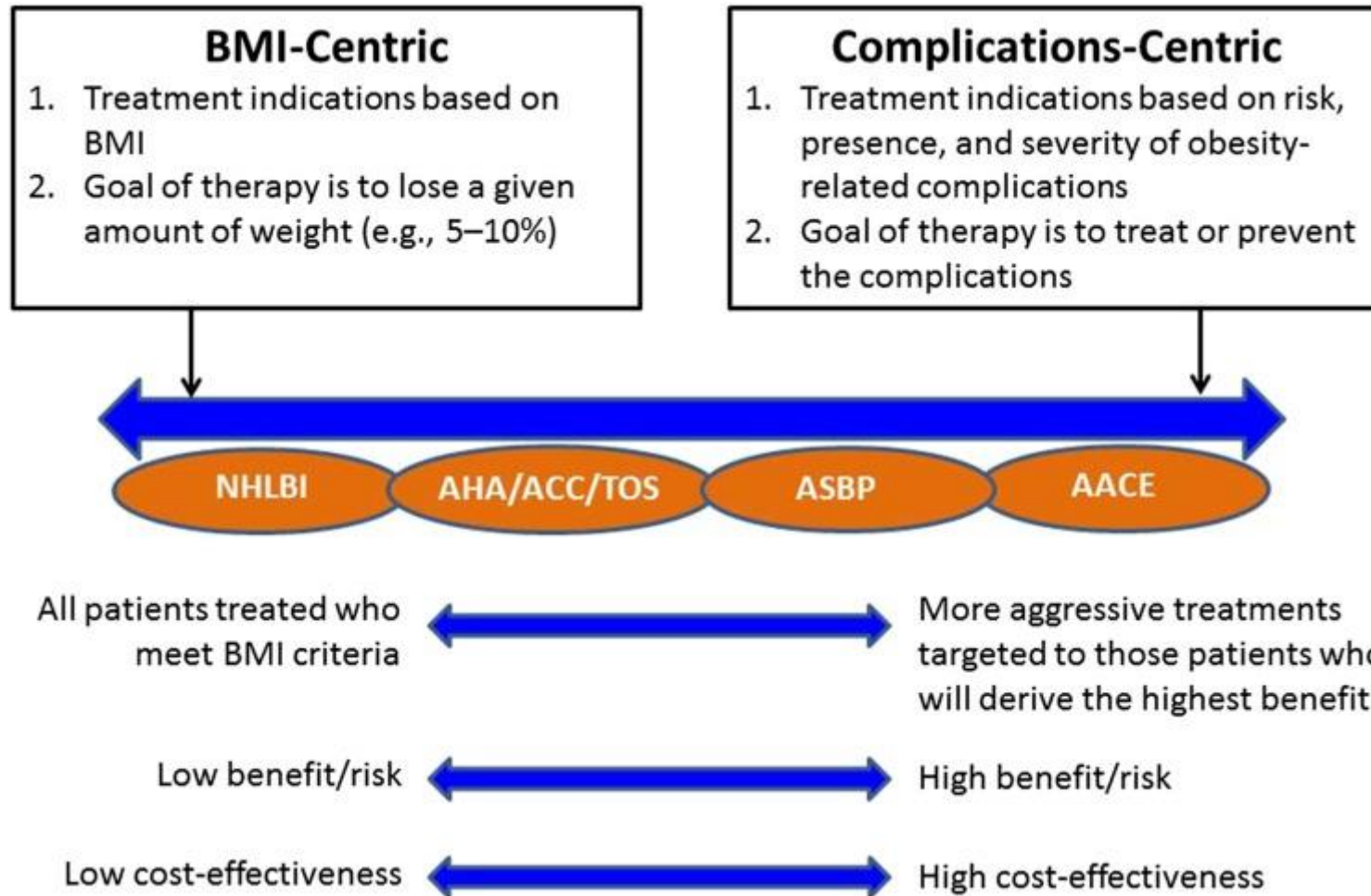
Therapeutic Options



Cornier MA. *Am J Manag Care*. 2022;28(15 Suppl):S288-S296.



Spectrum of Guidelines



Treatment Recommendations for Obesity Based on the AHA/ACC/TOS Obesity Guidelines

Treatment	BMI category (kg/m ²)				
	25–26.9	27–29.9	30–34.9	35–39.9	> 40
Lifestyle: diet, physical activity, behavior therapy	With comorbidities	With comorbidities	+	+	+
Pharmacotherapy		With comorbidities	+	+	+
Endoscopy			+	+	As bridge therapy
Surgery				With comorbidities	+



Lifestyle Changes

Lifestyle modification helps regulate energy intake (food) and expenditure (physical activity)



Key strategies include:

Daily monitoring of food intake and physical activity

Reducing portion sizes to decrease intake by 500–750 kcal/day

Aiming for 1,200–1,499 kcal/day if under 250 lbs, or 1,500–1,800 kcal/day if 250 lbs or more

Stress management

Restful sleep of sufficient quantity

150-300 minutes of exercise a week



Behavioral Health Programs



Lifestyle Changes

Promotes long-term lifestyle changes in diet, physical activity, and behavioral strategies for sustainable weight management



Counseling

Provides intensive counseling and support from trained professionals like dietitians, psychologists, and health coaches over 12-24 months



Ongoing Feedback

Provides ongoing feedback, accountability through frequent weighing, and peer support groups to foster adherence



Tools and Support

Involves frequent in-person sessions, remote support, and tools like food diaries, pedometers, and exercise videos



Behavior Changes

Teaches behavioral strategies such as self-monitoring (diet, activity, weight), goal setting, problem-solving, stimulus control, and relapse prevention

Olateju IV, et al. *Cureus*. 2021;13(9):e18080; Yearwood L, Masood W. Behavioral Approaches to Obesity Treatment. [Updated 2024 Jan 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK570565/>



Pharmacological Interventions (1/2)

Drug	Approval FDA/EMA (year)	Mechanism of action	Contraindications
Orlistat	FDA 1999 EMA 1998	Gastric and pancreatic lipase inhibitor	Patients with chronic malabsorption syndrome or cholestasis, pregnancy
Phentermine/Topiramate	FDA 2012	NE agonist/GABA agonist, glutamate antagonist	Glaucoma, hyperthyroidism, during or within 14 days following the administration of monoamine oxidase inhibitors, hypersensitivity to sympathomimetic amines, pregnancy
Naltrexone/Bupropion	FDA 2014 EMA 2015	Opioid receptor antagonist/DA and NE reuptake inhibitor	Chronic opioid use, acute opioid withdrawal, uncontrolled hypertension, seizure disorder, bulimia or anorexia nervosa, abrupt discontinuation of alcohol, benzodiazepines, barbiturates, and antiseizure drugs; concomitant use of MAOIs, patient receiving linezolid or IV methylene blue, pregnancy

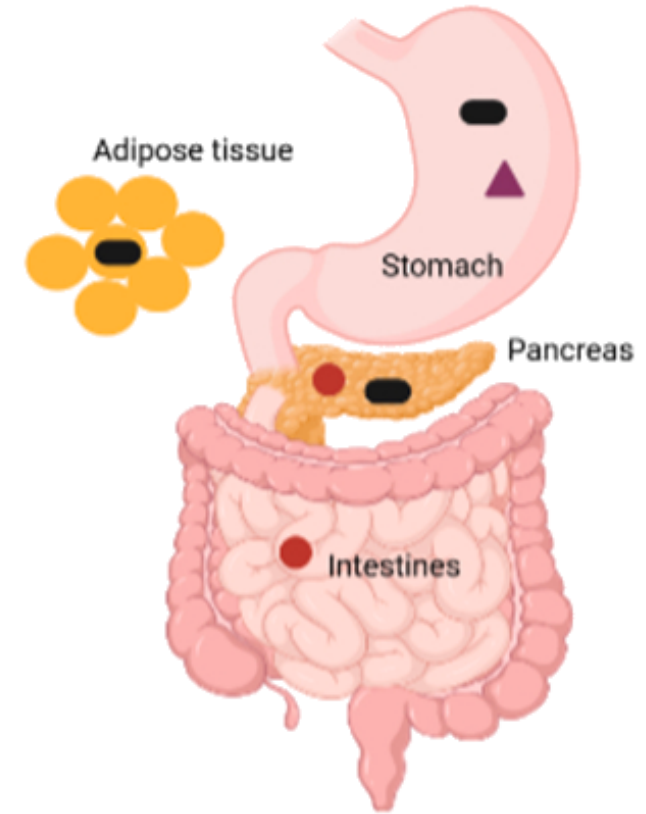
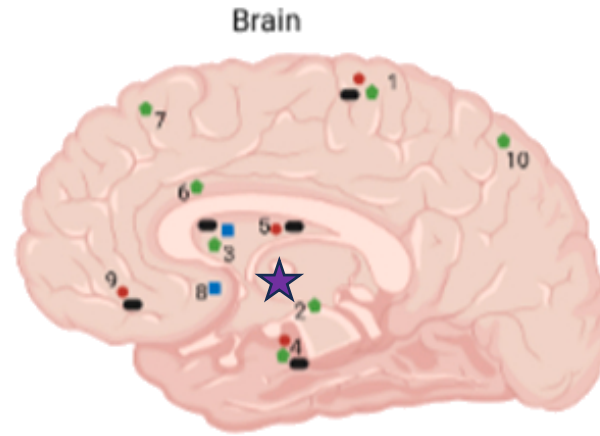


Pharmacological Interventions

Drug	Approval FDA/EMA (year)	Mechanism of action	Contraindications
Liraglutide	FDA 2014	GLP-1 analogue	Personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2, pregnancy
	EMA 2015		
Semaglutide	FDA 2021	GLP-1 analogue	Personal or family history of medullary thyroid carcinoma or in patients with multiple endocrine neoplasia syndrome type 2, pregnancy
	EMA 2021		
Setmelanotide	FDA 2020	MC4R agonist	None
	EMA 2021		
Tirzepatide	FDA 2022/2023	GIP/GLP-1 dual agonist	Personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2, known serious hypersensitivity to tirzepatide or any of the excipients



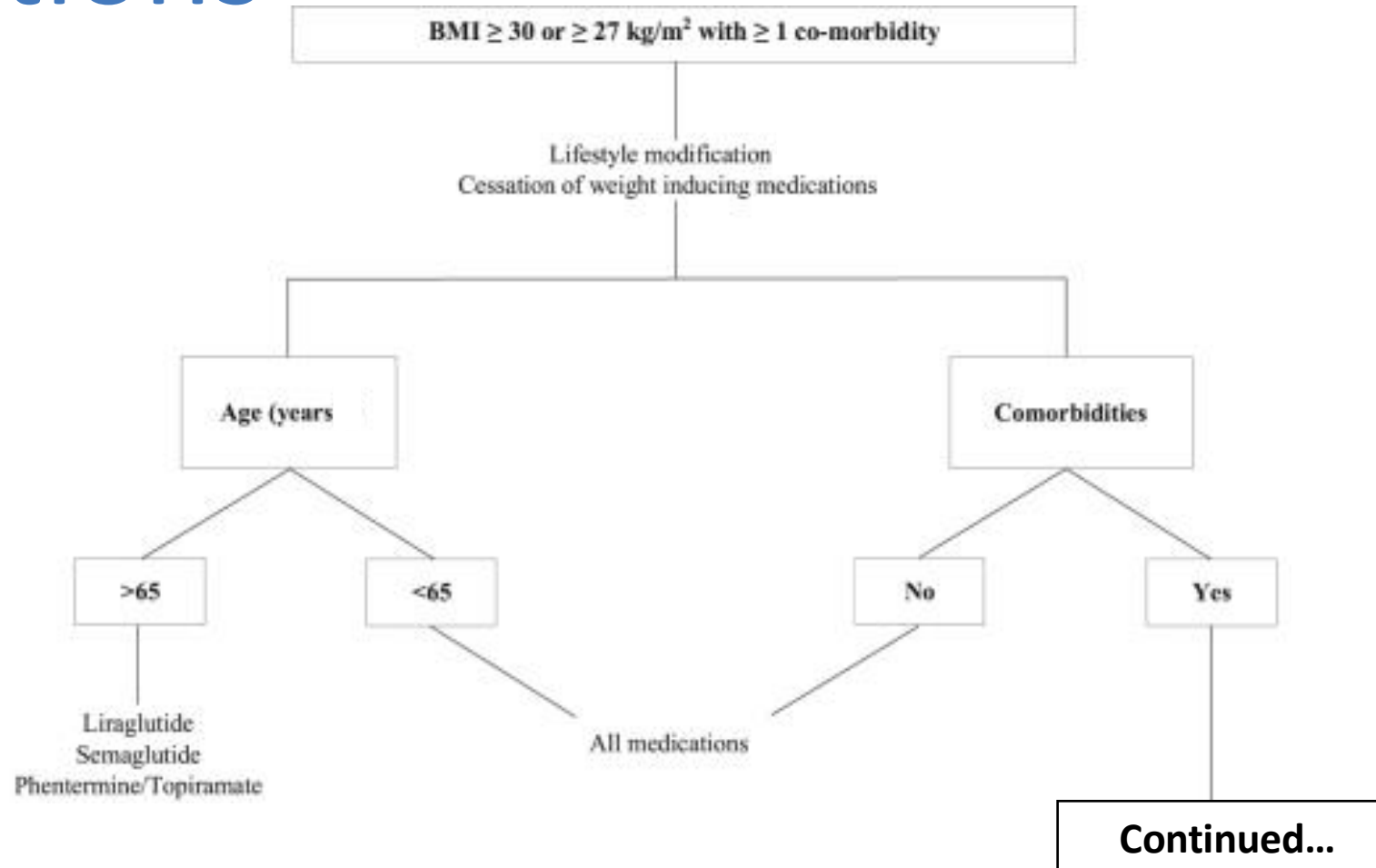
Sites of Action of Approved Therapies



Medication	Central site of action	Peripheral site of action
● GLP-1 Receptor Agonists	1,3,4,5,9	Gastrointestinal tract
◆ Naltrexone/Bupropion	1,2,3,4,6,7,10	None
■ Phentermine/Topiramate	2,3,8	None
▲ Orlistat	None	Gastrointestinal tract
● GIP/GLP-1 dual agonists	1,3,4,5,9	Adipose tissue, gastrointestinal tract
★ MC4R agonist	Hypothalamus	Gastrointestinal tract



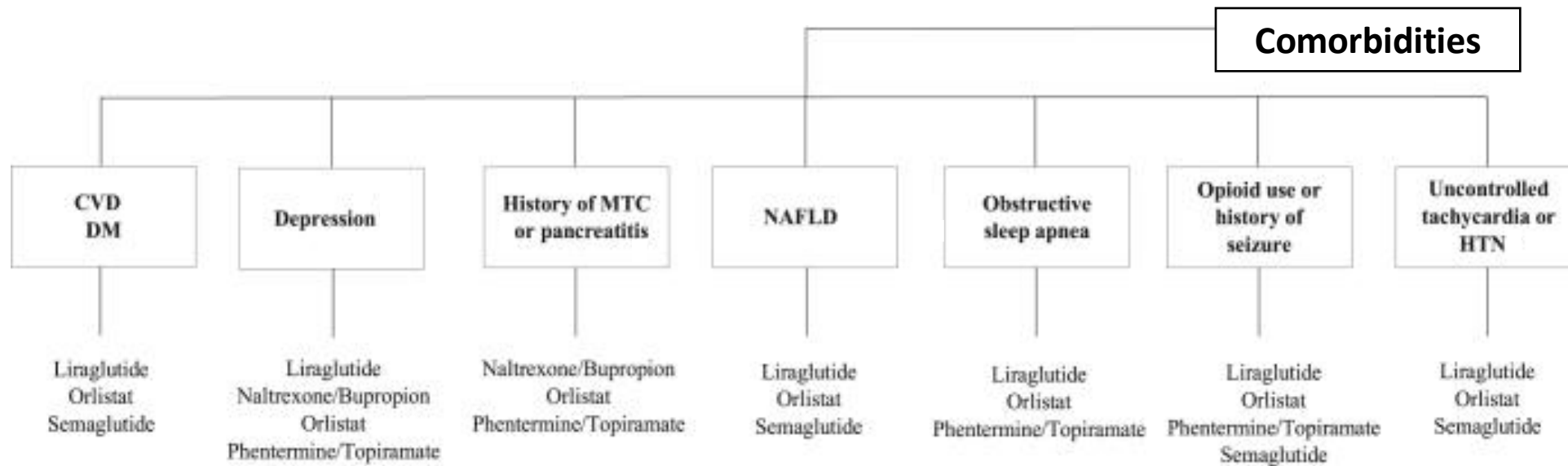
Suggested Algorithm for Anti-Obesity Medications



CVD = cardiovascular disease; DM = diabetes mellitus; HTN = hypertension; MTC = medullary thyroid cancer;
NAFLD = non-alcoholic fatty liver disease
Chakhtoura M, et al. *EClinicalMedicine*. 2023;58:101882.



Suggested Algorithm for Anti-Obesity Medications



CVD = cardiovascular disease; DM = diabetes mellitus; HTN = hypertension; MTC = medullary thyroid cancer; NAFLD = non-alcoholic fatty liver disease
Chakhtoura M, et al. *EClinicalMedicine*. 2023;58:101882.

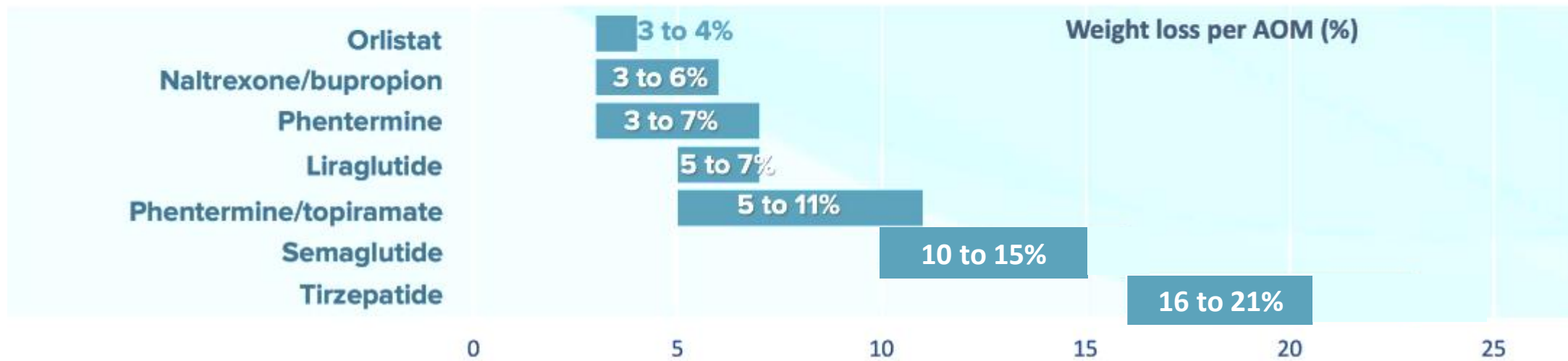


Adverse Events

Drug	Adverse events
Orlistat	Oily rectal leakage, abdominal distress, abdominal pain, flatulence with discharge, fecal urgency, steatorrhea, fecal incontinence, increased defecation
Phentermine/Topiramate	Elevation in heart rate, mood and sleep disorders, cognitive impairment, metabolic acidosis, paresthesia, dry mouth
Naltrexone/Bupropion	Nausea, constipation, headache, vomiting, dizziness, insomnia, dry mouth, diarrhea, sleep disorder
Liraglutide	Increased heart rate, hypoglycemia, constipation, diarrhea, nausea, vomiting, headache
Semaglutide	Nausea, vomiting, diarrhea, abdominal pain, constipation, headache
Setmelanotide	Injection site reactions, hyperpigmentation, nausea, headache, diarrhea, vomiting, abdominal pain
Tirzepatide	Nausea, diarrhea, decreased appetite, vomiting, constipation, dyspepsia, and abdominal pain



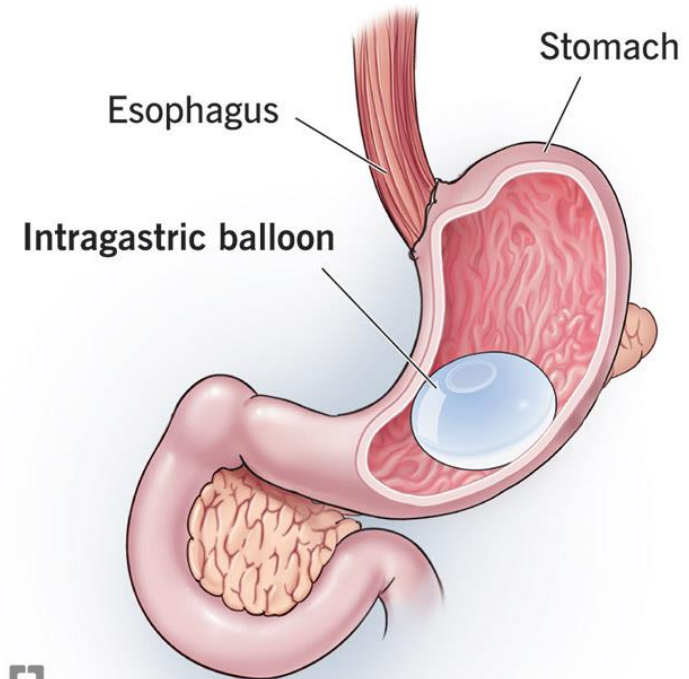
Treatment Outcomes



Gastric Balloons

- Gastric balloons are temporary devices placed endoscopically or with swallowable capsules
 - Fill with gas/liquid to occupy space in the stomach
 - Promotes feeling of ‘fullness’
- Can produce a total body weight loss ranging from 6%-15%

Intragastric Balloon

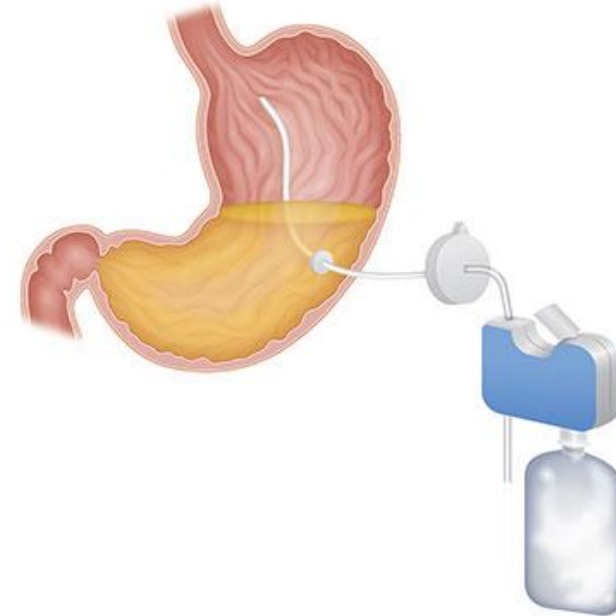


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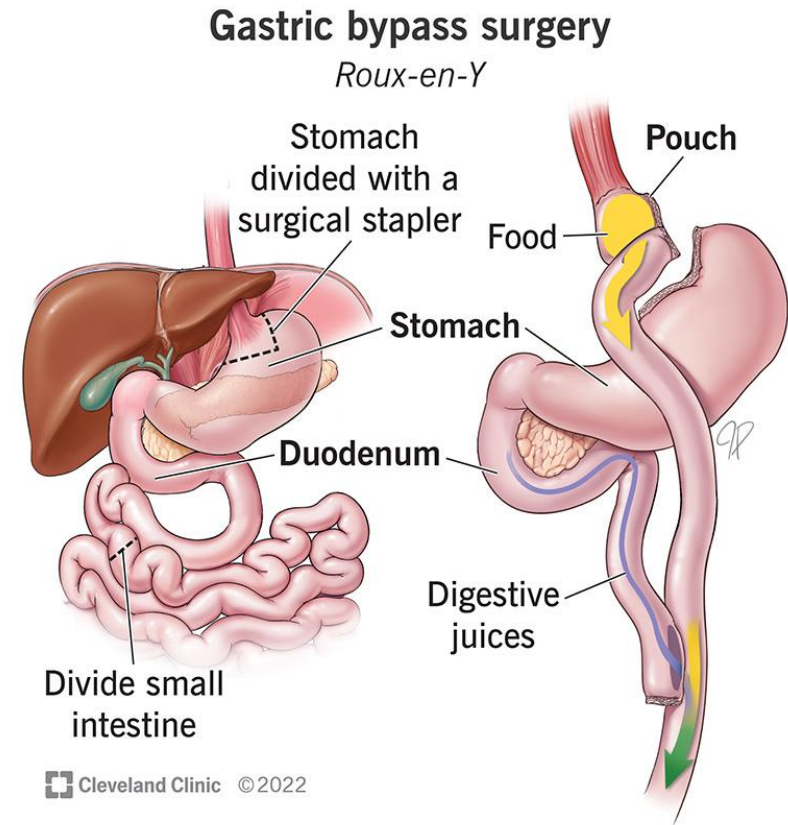
Aspiration Therapy/Endoscopy

- Aspiration therapy is a procedure that places a device that drains a portion of stomach contents after meals through a surgically implanted tube and port
 - Reduces calorie absorption
- In clinical trials, there was a 54% mean loss of excess weight in patients, 1 year after procedure



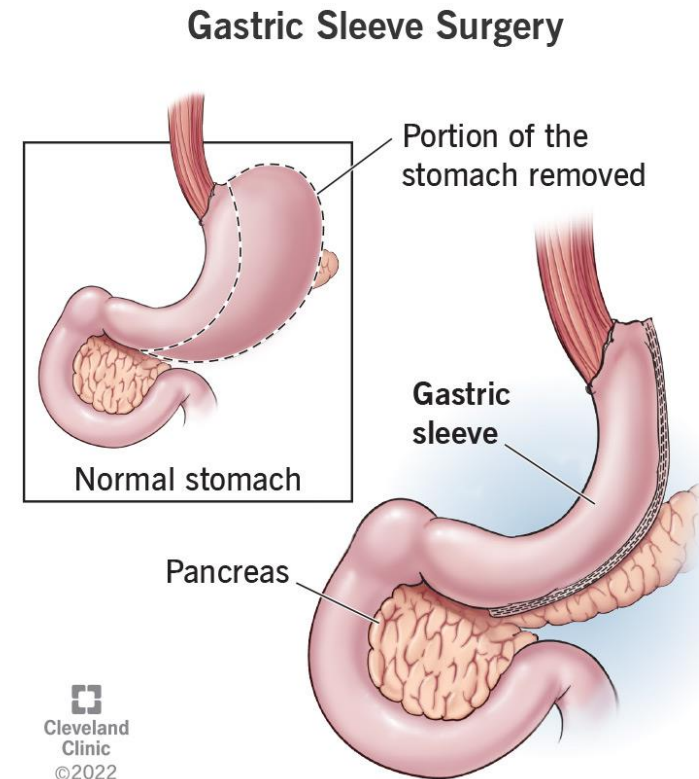
Gastric Bypass Surgery

- Considered the "gold standard" of bariatric surgery
- Creates a small stomach pouch that bypasses a large portion of the stomach and upper intestine
 - Restricts food intake and absorption
 - Results in significant weight loss (60%-80% of excess weight)
 - Improves or resolves many obesity-related conditions like diabetes, hypertension, and sleep apnea



Sleeve Gastrectomy

- Surgically removes a large portion (80%) of the stomach, leaving a banana-shaped sleeve or tube
- Restricts stomach size, limiting food intake
- Does not bypass intestines, so absorption is not affected
- Results in significant weight loss (60%-70% of excess weight)
 - Improves or resolves many obesity-related conditions like diabetes and hypertension

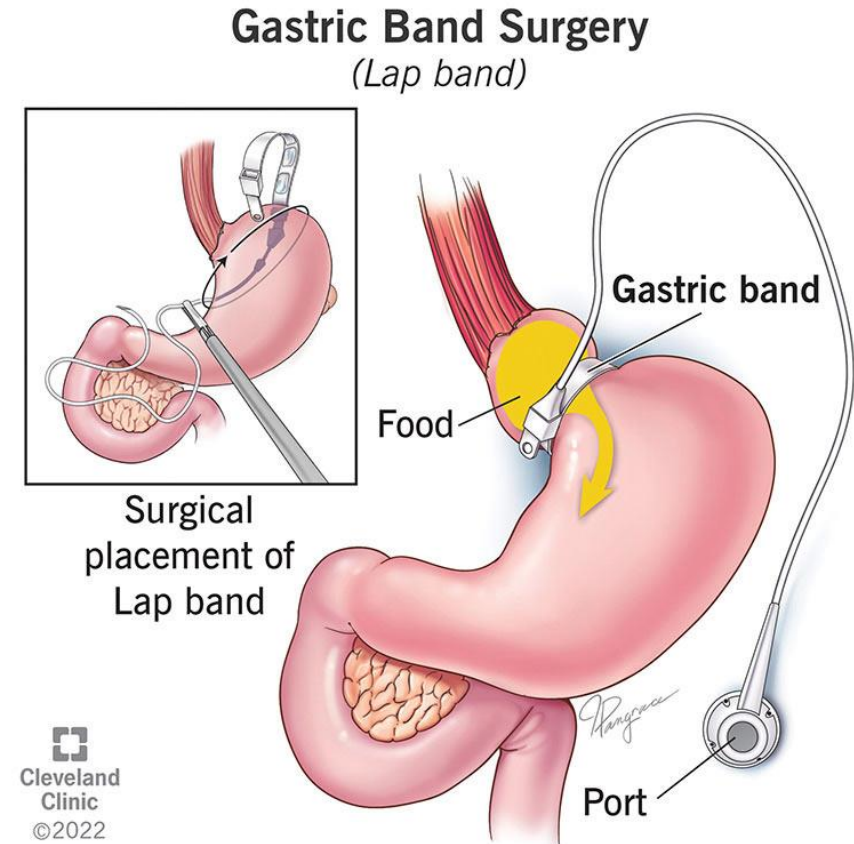


Cello JP, Rogers SJ. *Clin Transl Gastroenterol*. 2013;4(6):e35; Chacon D, et al. *Cureus*. 2022;14(6):e25762; Luesma MJ, Fernando J, Cantarero I, Lucea P, Santander S. *Front Endocrinol (Lausanne)*. 2022;13:867838; <https://my.clevelandclinic.org/health/treatments/bariatric-surgery>



Gastric Band Surgery

- Inflatable band is placed around the upper stomach to create a small pouch, slowing food passage
- Band is adjusted by adding/removing saline solution
- Purely restrictive and does not affect absorption
- Leads to moderate weight loss (40%-50% of excess weight)
- Lower risks but also lower weight loss compared to other procedures



Cello JP, Rogers SJ. *Clin Transl Gastroenterol*. 2013;4(6):e35; Chacon D, et al. *Cureus*. 2022;14(6):e25762; Luesma MJ, Fernando J, Cantarero I, Lucea P, Santander S. *Front Endocrinol (Lausanne)*. 2022;13:867838; <https://my.clevelandclinic.org/health/treatments/bariatric-surgery>



Less-Common Surgical Options

- Duodenal switch surgery
 - Combines a gastrectomy and an intestinal bypass to restrict stomach capacity, reduce nutrient absorption, and lower hunger hormone production
- Single anastomosis duodenal switch
 - Simplified version of the traditional duodenal switch bariatric surgery



Barriers to Treatment

It is important to identify and address barriers to obesity management to help patients adopt necessary lifestyle changes and adhere to therapies



Clinical Gaps



Misconceptions about obesity

Lack of recognition of obesity as a chronic and relapsing disease
Associated stigma
Treatment/therapy is patient-dependent



Barriers to care

Clinical expertise and access to facilities
Treatment accessibility
Comorbidities



Challenges with pharmacological interventions

Cost and insurance coverage
Medication needs to be taken for life to maintain weight loss
Side effects and adverse reactions
Adherence



Structural/policy

Lack of HCP training
Lack of formal diagnosis or management plan
Lack of adequate facilities
Social determinants of health



Why Does Therapeutic Inertia Exist Around Obesity?

Clinicians are busy treating other important chronic diseases

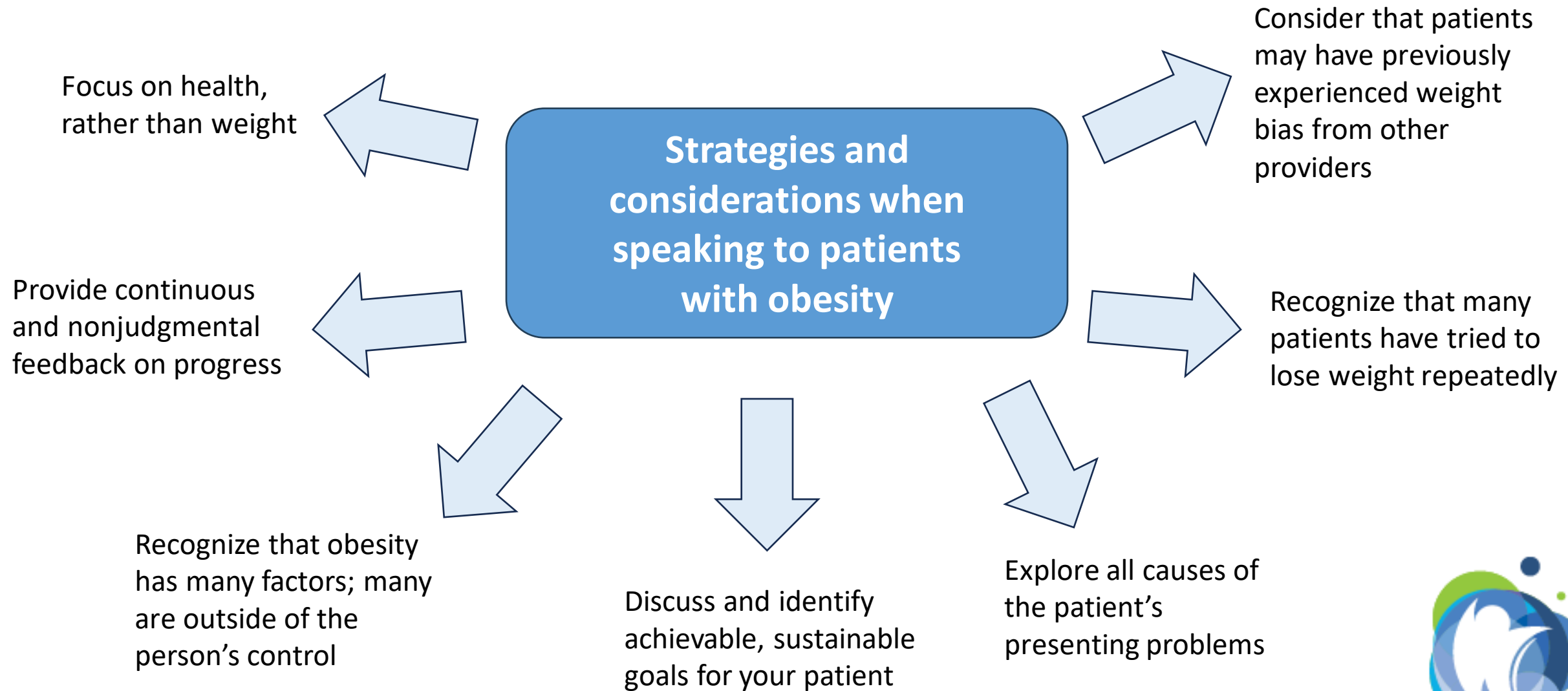
Clinicians lack comfort prescribing weight-loss interventions

Misconceptions around pharmacologic treatment

- Medication is less effective than lifestyle modification
- Weight-loss medications are not safe
- Medication is only a short-term solution



Be Aware of Unconscious Bias



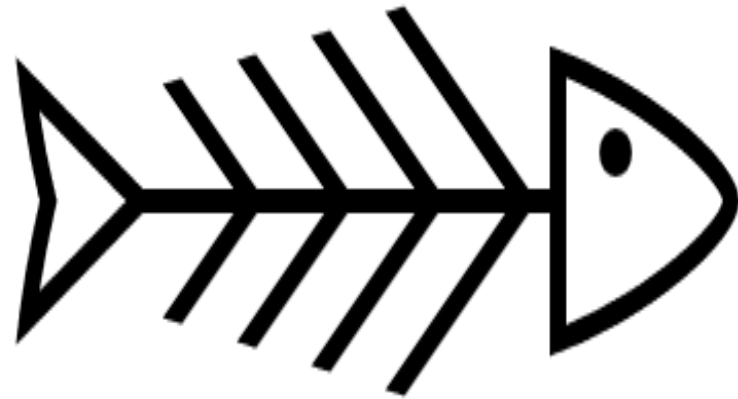
Key Takeaways

- Obesity is a complex, chronic, multifactorial condition characterized by excess body fat and requiring long-term care, support, and follow-up
- Effective obesity treatment involves collaboration with professionals in nutrition, behavior, and physical activity as well as medical professionals for pharmacotherapy and surgical treatment in more severe cases
- Clinicians should be cognizant of the effects of weight stigma and bias and be mindful of actions they can take to support their patients' physical and mental wellbeing



Visually Examine CAUSE & EFFECT

Fishbone Diagram



A structured approach for brainstorming causes of a problem



Fishbone Diagram

1. Team agreement on a problem statement

- Finish the sentence “The problem is...”
- No solutions

2. Team members brainwrite, then brainstorm

- Categories of causes
- Contributing factors within categories

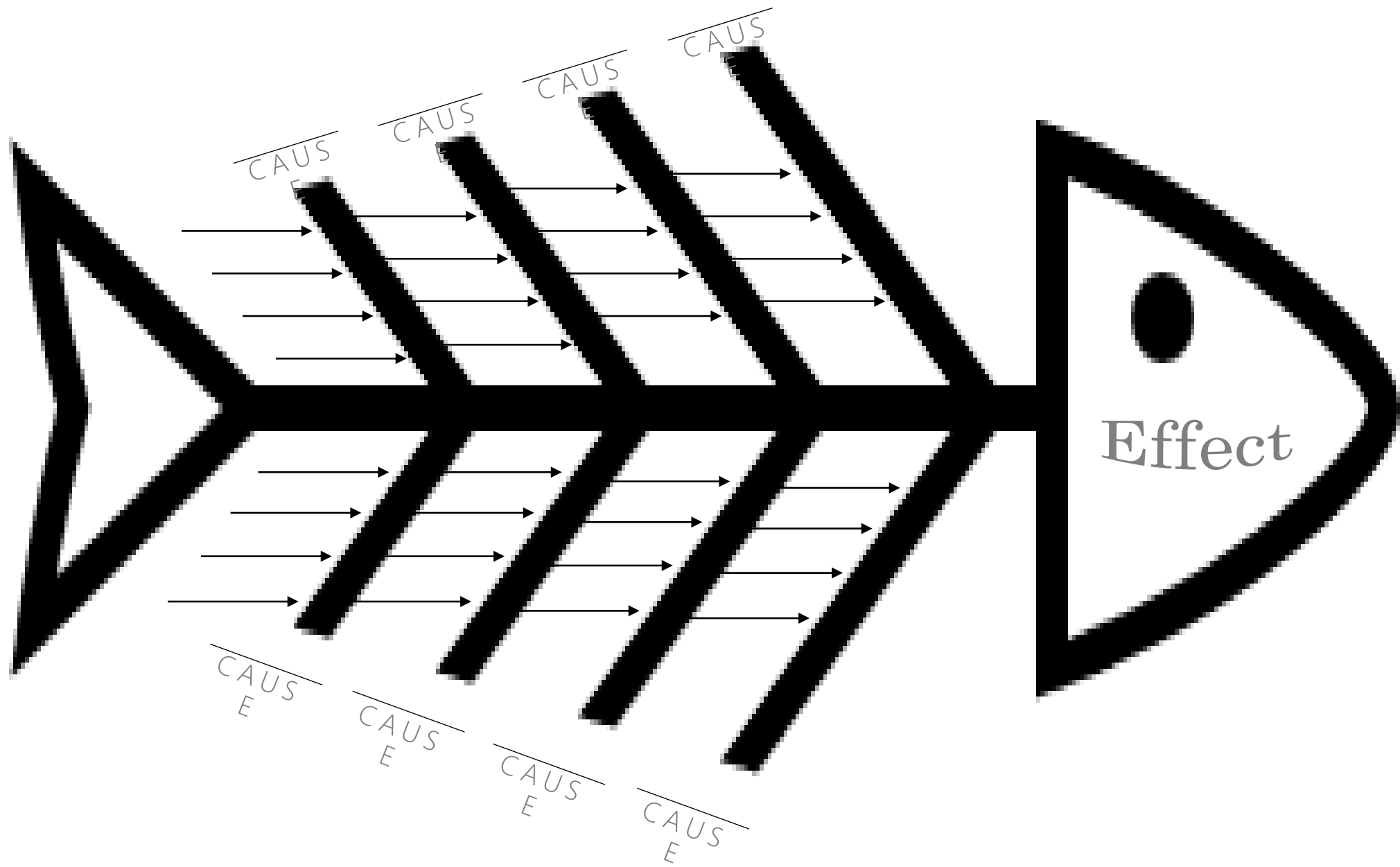
3. Fill in fishbone template until all suggestions are exhausted

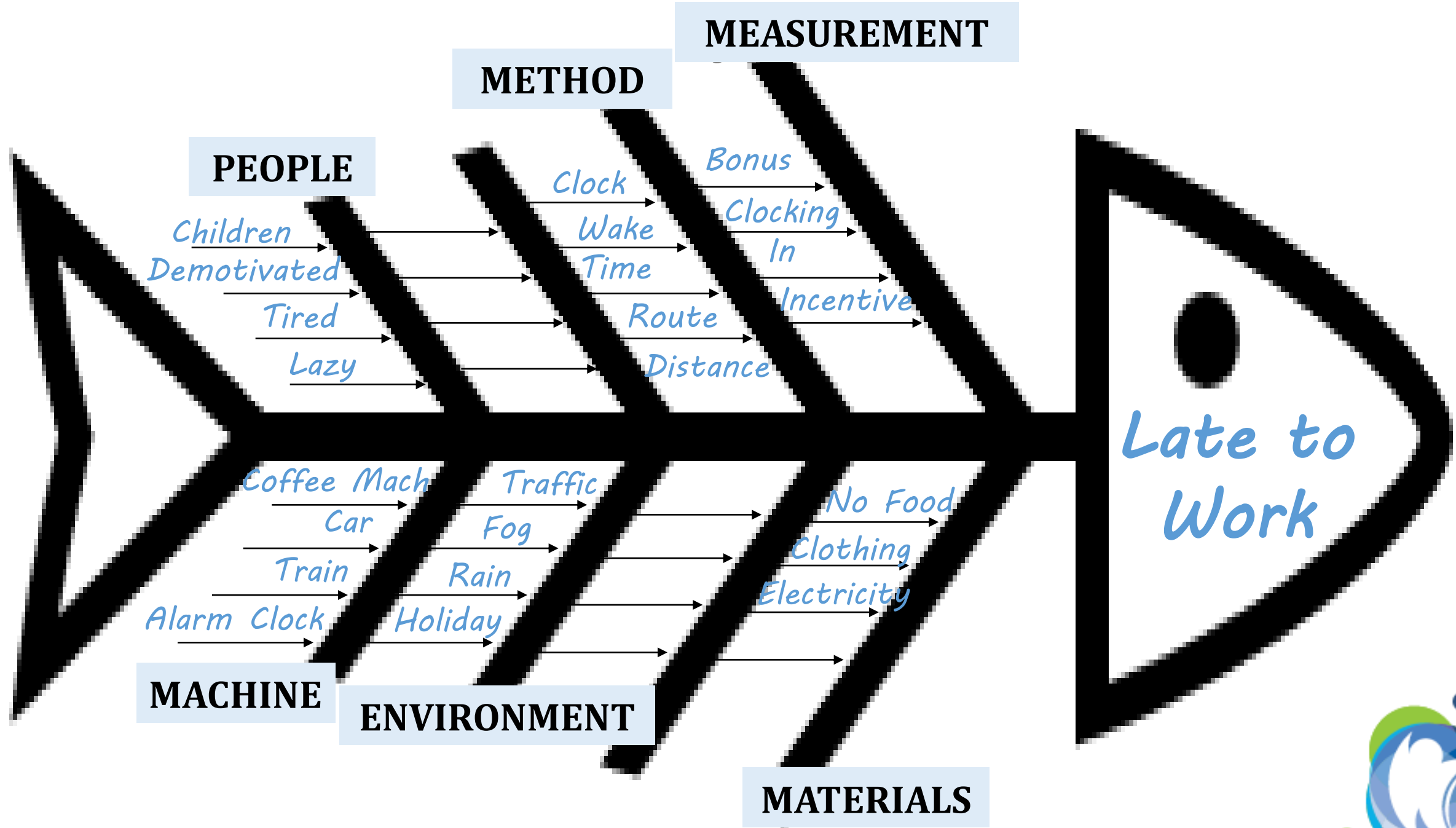
4. Review and decide next steps

- Each category could be a sub-group project or meeting agenda items

“The problem is...
we do not have
patients using a
Smart BMI tracking
app.”







Let's Exercise

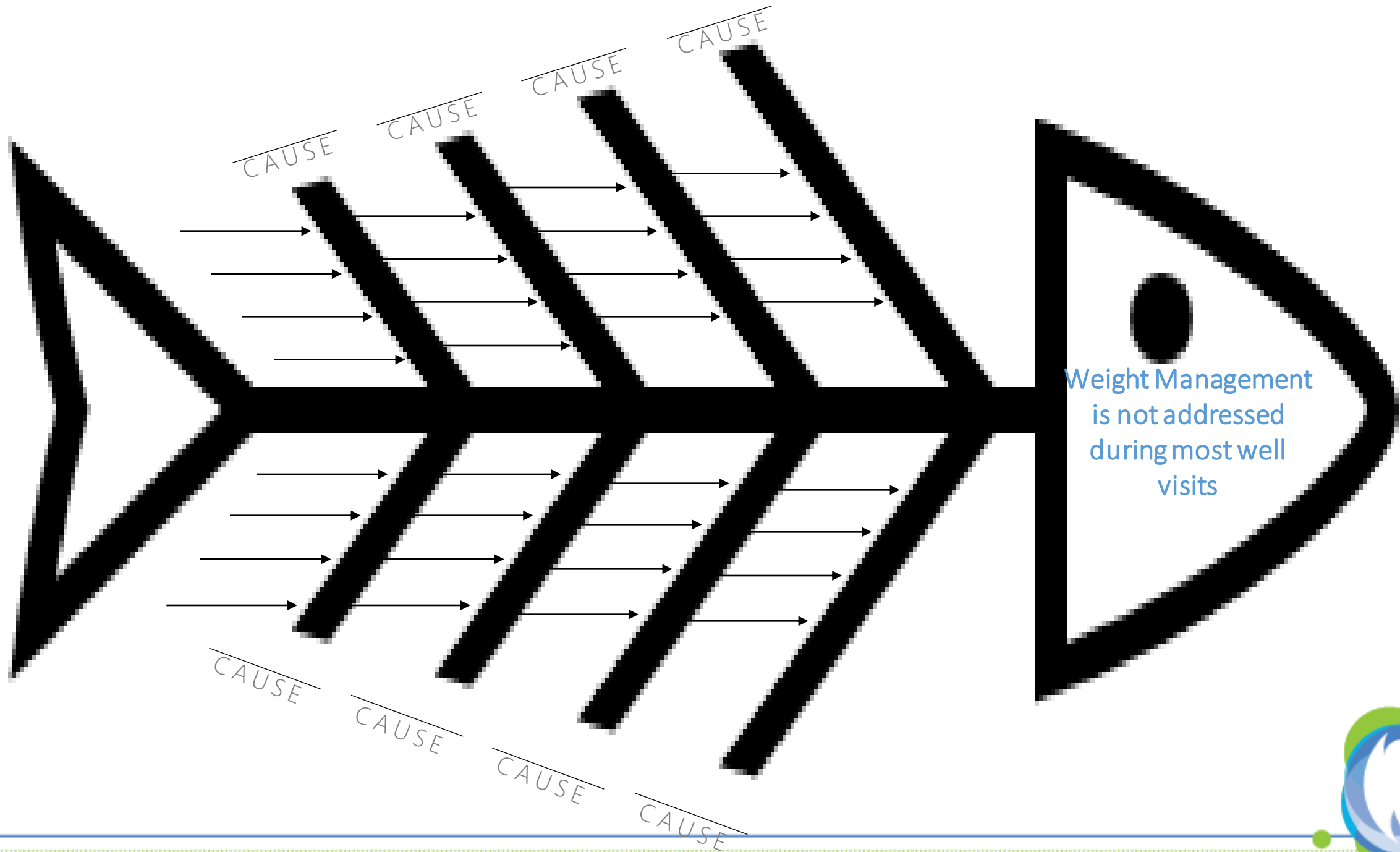


The problem is:

Weight Management is not addressed during most well visits

1. What are some of the categories?
2. Within one of the categories, what are some of the factors?





Fishbone Pro Tips (1/2)

- As you brainstorm categories & factors—do not try to solve
 - If solutions do come up, record those separately without spending time
- Ask WHY as you list each factor
 - Use the 5-Why Approach (see post-work document)
- Keep the team focused on the causes rather than symptoms
 - Symptoms tell you something isn't working. Causes are the reasons why the problem happened in the first place



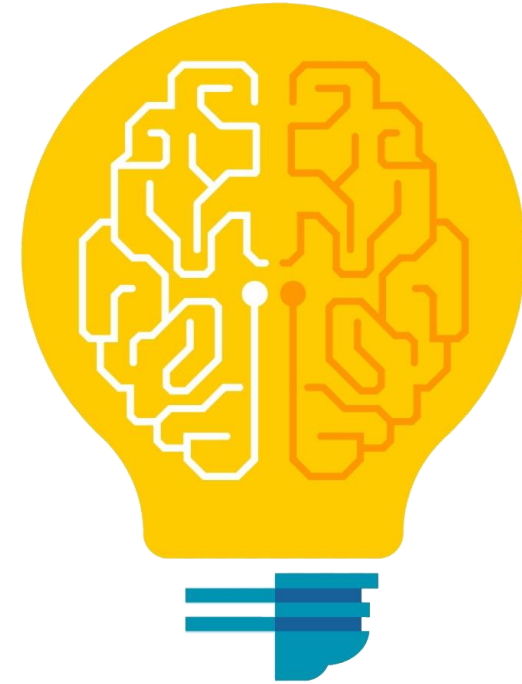
Fishbone Pro Tips (2/2)

- Use a white board or sticky-notes.
 - This does not need to be NEAT—but should be legible and movable
- Leave enough room between categories as other factors may arise
- Some team members could form a subcommittee on 1-2 categories
- Categories could be agenda items for team meetings



Thank You

- Continuous learning and application throughout program
- Office hours (we are here for you!)



Questions?



QI Coaching Office Hours

- **QI Coaching Office Hours for Module 3:**
 - August 27, 2024
 - September 10, 2024
- **Please come prepared to the session...**
 - Pick **one** of the following to report on:
 - » What is one success your team has experienced? Please explain and show it in detail so others can try it with their groups
 - » What is one challenge your team is facing?
 - » What is one question you have?



Post-Work Overview

- Post-work completed as a team:
 - Read How to Construct a Fishbone Diagram document
 - After completing the reading, go back to the beginning of the document and work your way through the instructions to create your own fishbone diagram on the writeable template included in the document
 - » After creating your fishbone diagram, discuss with your team and identify 3-6 countermeasures for the causes you've identified
 - Submit your fishbone diagram (only team leads need to submit)

Post-work due by September 11th

