



Welcome to

Weight MANAGEMENT

in Community Health:

Bridging Systems & Care Coordination

We will begin at 1 PM ET/10 AM PT



Please keep your microphones on mute for now to avoid background noise.
You are muted if there is a red line across your microphone icon.



Weight MANAGEMENT

in Community Health:

Bridging Systems & Care Coordination

ECHO Session #5:

**Getting Started: Establishing
Trust and Buy-In**



Today's Agenda

- Welcome
- Overview of Technology and Reminders
- Getting Started: Establishing Trust and Buy-In
- Case Presentation



Technology: Your Zoom Window

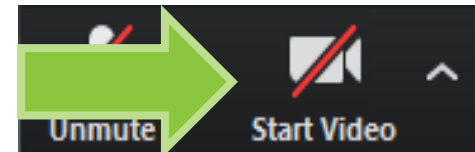
Sound

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



Webcam

- Please share!

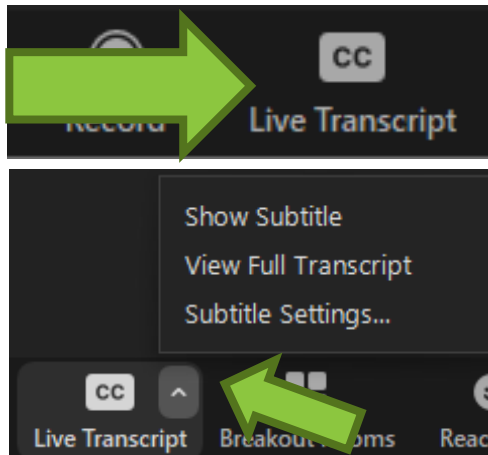


Chat

- Questions
- Sharing resources/ideas

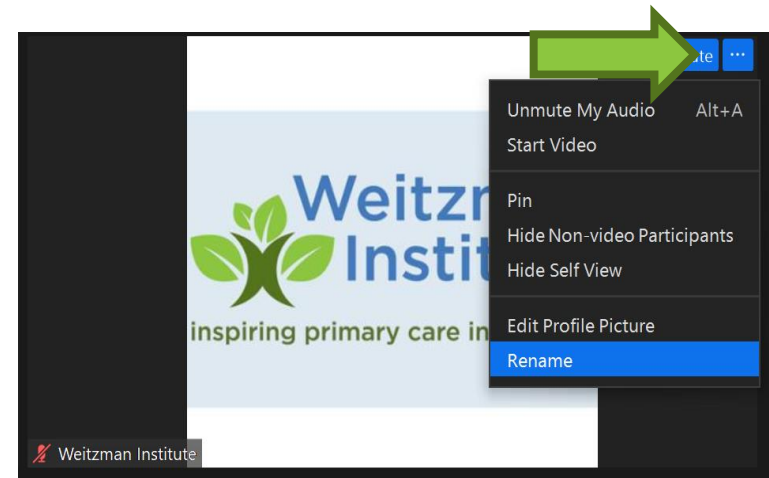


Technology: Your Zoom Window



Closed Captioning and Live Transcript

- Click on the caret or icon
- Select 'Show Subtitles' 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
- **Please change your name to "First Last–Healthcare Center"**



Important Program Logistics

Submitting a Case

- **What:** Any patient or client case related to *obesity or weight management* that you find educational, challenging, or interesting!
- **When:** Schedule ahead of time with Humyra, hali@mwhs1.com
- **How:** Virtual Case Form sent to you via email
- Do NOT include patient identifying information



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. The activity 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 Medical Providers (MDs, DOs, NPs, PAs), Registered Dietitians, Nurses, Pharmacists, Social Workers, Psychologists

Please complete the post-session survey and claim your CE certificate on the WeP after today's session. **PLEASE NOTE:** Pharmacists must claim credit within *two weeks* following the live session date or the Weitzman Institute will be unable to provide APCE credits.



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION



Program Logistics Post-Session:

Completing the Session Evaluation and Claiming Your CME/CE Credit

After the live session has ended:

- Select the **Next** button
 - OR
- Select **Session Evaluation** in the left-hand navigation bar



Activity progress

ZOOM LINK

Time to complete: 1 hour
Available: 06/23/2022 - 7:45am
REQUIRED

[Review](#)

SESSION EVALUATION

CREDIT

CERTIFICATE

☰

Zoom link

Description
Click the 'Join the meeting' link below to launch the Zoom for this session.'

Meeting time
Thu, 06/23/2022 - 12:00pm

Duration
90 minutes

[Join the meeting](#)

When joining the meeting, a new tab may be opened. After the meeting is over, close the tab to return to the course.

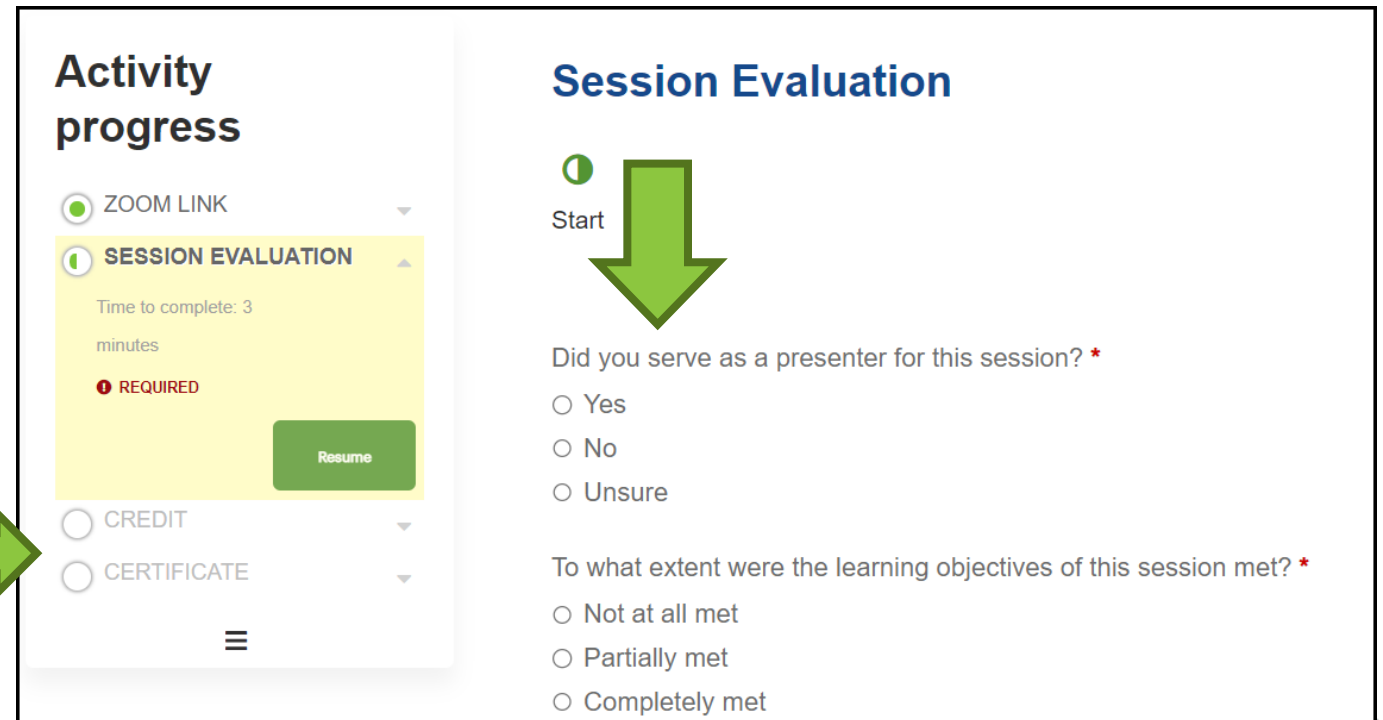
[Next ▶](#)



Program Logistics Post-Session:

Completing the Session Evaluation and Claiming Your CME/CE Credit

- Complete the questions in the session evaluation
- Select the **Submit** button at the bottom of the evaluation
- View your credits awarded and download your certificate by selecting them in the left-hand navigation bar



Activity progress

- ZOOM LINK
- SESSION EVALUATION**
Time to complete: 3 minutes
REQUIRED
Resume
- CREDIT
- CERTIFICATE

Session Evaluation

Start

Did you serve as a presenter for this session? *

- Yes
- No
- Unsure

To what extent were the learning objectives of this session met? *

- Not at all met
- Partially met
- Completely met



Program Logistics: Session Recordings and Materials

All session recordings and materials shared during the session will be available on the Weitzman Education Platform within one week of each session

Overview Schedule Faculty Accreditation Continue

- Return to the **Overview** tab of the ECHO session, *Weitzman ECHO Weight Management in Community Health (November 14th)*
- Scroll down to the **Session Recording** and **Session Resources** headers

You will then be able to click on **Session Recording** and **Session Resources** listed below the headers to access the resources.

Instructions will be shared with you after this session.

Program Information

In collaboration with The France Foundation, the Weitzman Institute is offering Weitzman ECHO Weight Management in Community Health. This ECHO series is a no-cost, 10-session continuing education series for clinicians who face significant challenges in community health care concerning the formal diagnosis and management of obesity. This learning series connects primary care medical providers and care team members to a community of peers and subject-matter experts to improve providers' weight management with patients. At each session, subject-matter experts provide guidance from a multidisciplinary team approach to address patients' complex health needs related to obesity to better assess, treat, and care for patients. The Weitzman ECHO Weight Management in Community Health will meet for 1-hour virtually every 2nd Thursday monthly beginning July 11th.

This ECHO series is now enrolling primary care medical providers, behavioral health providers, and other care team members including dietitians and pharmacists. All providers working in primary care settings are encouraged to join and participate. CME, CNE, CPE, and CEU credits will be provided for physicians, nurse practitioners, physician assistants, nurses, and registered dietitians, among others, by Moses/Weitzman Health System Inc., an accredited provider through Joint Accreditation for Interprofessional Continuing Education.

This activity meets the 2nd Thursday of every month from 1-2pm ET.

To access the Zoom link for this live session, select the Continue tab.

Agenda

The Agenda will be posted within 2 days of the ECHO session

Presentation Slides

The slide deck is available at the bottom of this page.

Session Recording

The recording link will be available here within 1 week after the live session.

Session Resources

Any resources that were shared during the live session will be made available at the bottom of the page.



Disclosure

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the faculty listed above or other activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
- The views expressed in this presentation are those of the faculty and may not reflect official policy of Moses Weitzman Health System.
- 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 are presented, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion.



Acknowledgements

This activity is supported by an educational grant from Lilly.



**The Weitzman Institute is Committed to
Justice, Equity, Diversity & Inclusion**



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

- Outline factors that impact obesity risk and outcomes
- Identify strategies that address barriers to initiating discussions of weight with patients with obesity in the community health setting
- Utilize evidence-based interventions to diagnose patients with obesity in the community health setting
- Identify effective multi- and interdisciplinary strategies to manage the care of patients with obesity in the community health setting



Session Learning Objectives

- Identify strategies to address barriers to initiating discussions about weight with patients with obesity in the community health setting
- Implement motivational interviewing techniques in clinical discussions with patients



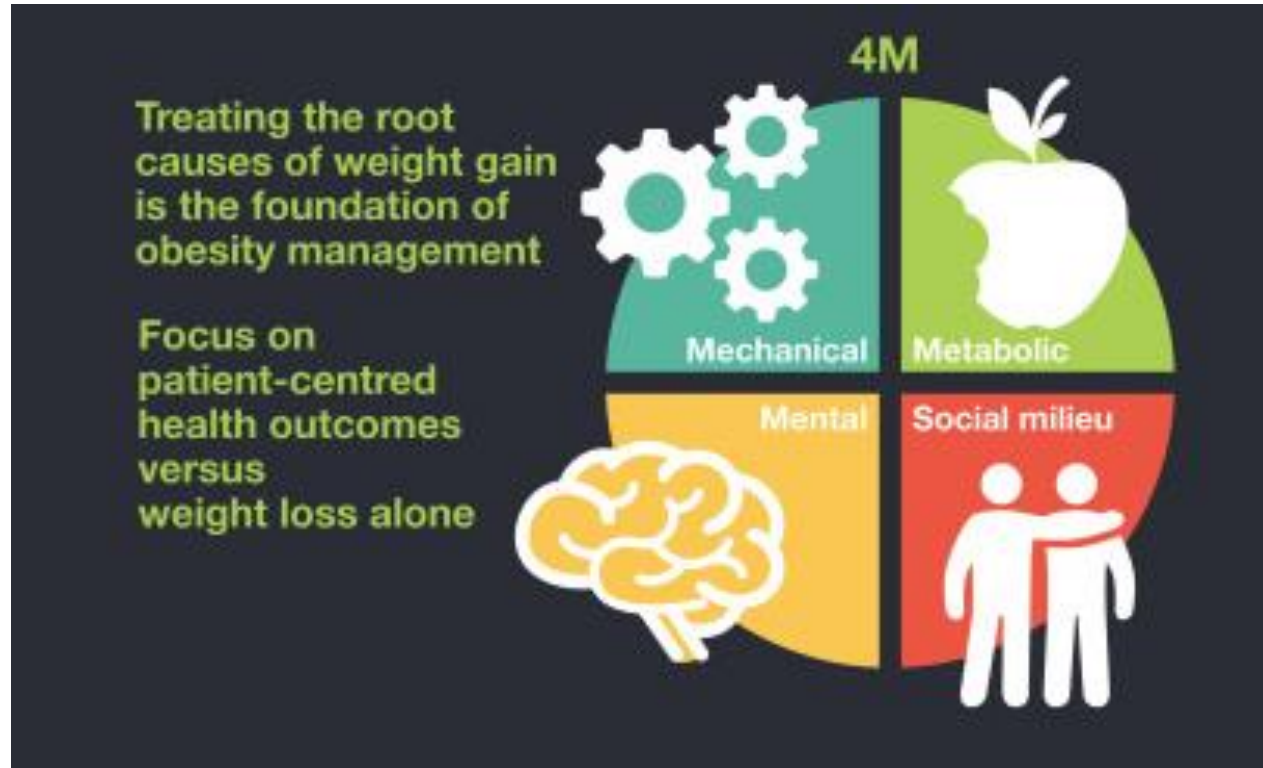
Poll

What do you find to be the biggest barrier to discussing weight with patients in a community health setting?

- A) Concern about offending the patient
- B) Limited time
- C) Lack of training on how to approach the topic
- D) Unsure how to respond to patient emotions



Goals of Weight Management



- When treatment planning with a patient, goals are patient-centered, agreed upon, and clearly determined



Perceived Patient Barriers to Change

Extrinsic Factors

Physical pain

Time constraints

Dietary restrictions

Lack of support

Systems of oppression

Disempowerment

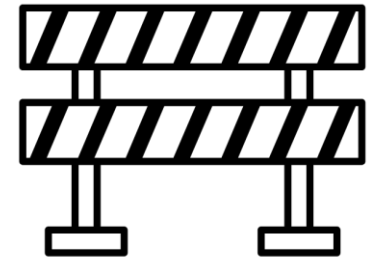
Intrinsic Factors

Trauma

Poor self-esteem

Emotional states

Apathy/insufficient motivation



Overcoming Extrinsic Barriers to Change

Physical pain

- Collaborate with other health care providers to develop a comprehensive pain management plan
- Encourage patients to engage in regular physical exercise if they are able

Time constraints

- Suggest digital tools or apps to support time management and accountability

Dietary restrictions

- Work on creating meal plans and strategies to adhere to their dietary needs while still achieving their behavior change goals

Lack of support

- Use MI to explore and resolve ambivalence about change
- Help patients recognize and celebrate small successes to build confidence in their ability to change

Bailey RA, Wells M. *Fam Pract Manag.* 2018;25(2):31-36; Amiri M, Li J, Hasan W. *JMIR Form Res.* 2023;7:e46434; Greene J, et al. *Ann Fam Med.* 2016;14(2):148-154.



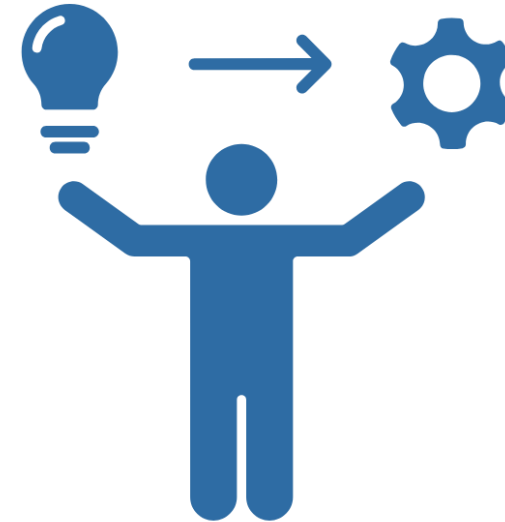
Categories of Cognitive Distortions

- Black/white thinking
- Jumping to conclusions
- Should-ing and must-ing
- Overgeneralization
- Magnification and minimization
- Fortune-telling
- Comparison
- Disqualifying the positive



Strategies to Target Thought Distortion

- Identify automatic thoughts
- Challenge the thought (keep asking why)
 - Is there evidence to support/contradict this thought?
- Produce alternate perspectives and reframe
- Keep thought records of past success and/or perseverance



These skills improve with continuous practice



Types of Motivation

Extrinsic motivation—
Motivation from outside oneself based on:

- Guilt avoidance
- Desire for approval

Intrinsic motivation—
Motivation internal to oneself based on:

- Autonomy
- Relatedness
- Competency

Extrinsic motivation serves to get people energized about making change but often does not lead to long-lasting changes

Intrinsic motivation serves to maintain long-term change by aligning an individual to personal goals and accountability



Poll

When discussing weight, how often do you use motivational interviewing techniques with patients?

- A) Always
- B) Often
- C) Sometimes
- D) Never



Motivational Interviewing (MI)

- Patient-centered counseling that aims to boost motivation and commitment for behavioral change by aligning patient goals with personal values

Pillars of Motivational Interviewing

Resisting the
righting reflex

Understanding and
exploring patient
motivations

Active listening

Empowering the
patient

Clinicians can integrate motivational interviewing to encourage healthy eating and active living habits for achieving and maintaining healthy weight



Theory of MI

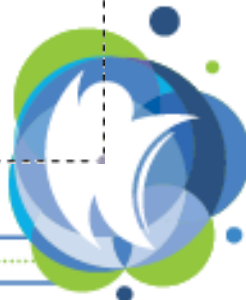
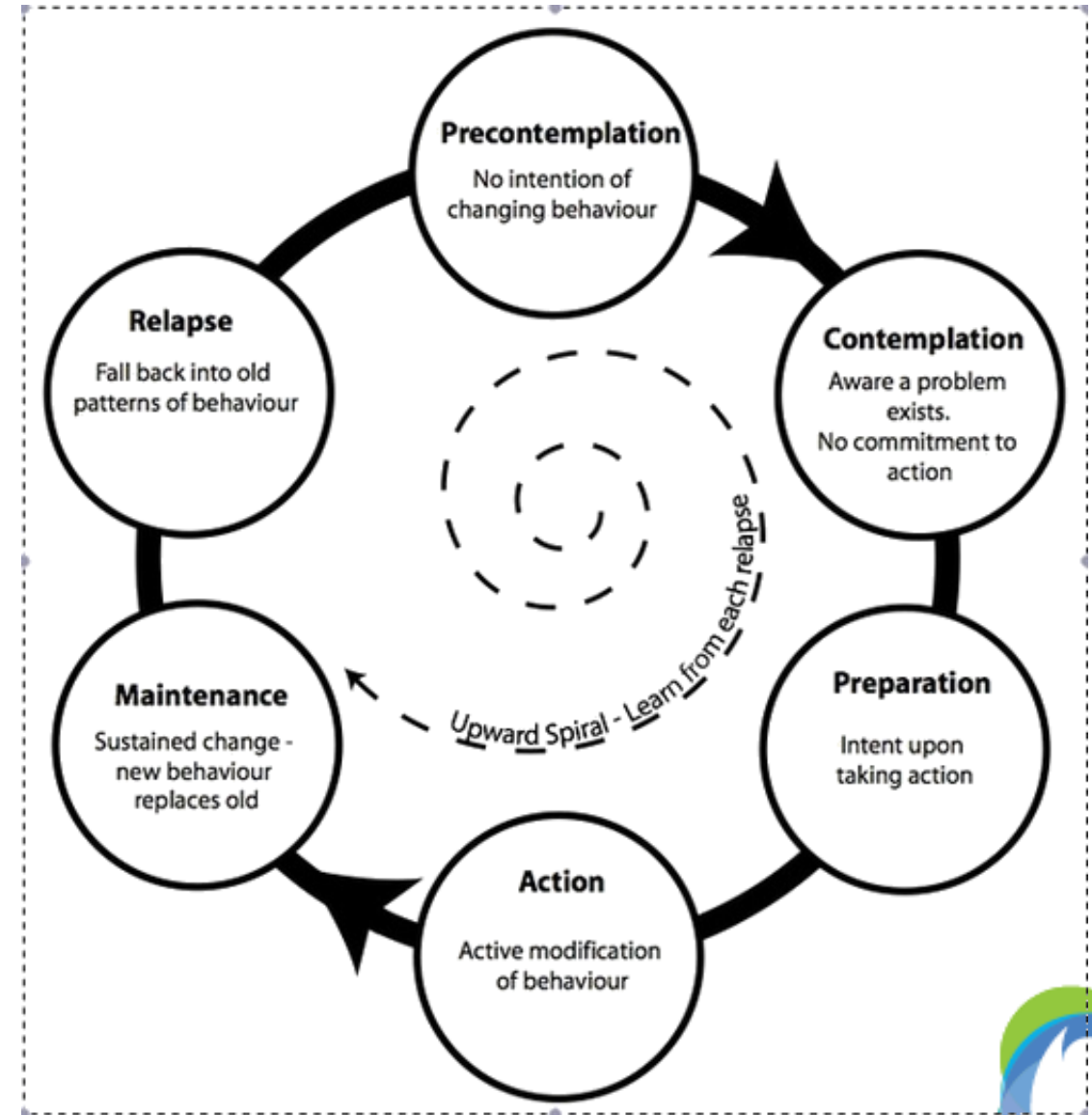
Motivational interviewing assumes that behavior change is stimulated by motivation as opposed to information

- Ambivalence to change and benefits of change are explored
- MI interventions have shown efficacy for many health-related areas where patient behavior is key to achieving long-term behavior change, such as:
 - Substance abuse
 - Medication adherence
 - Domestic violence
 - Mental health, eating disorders

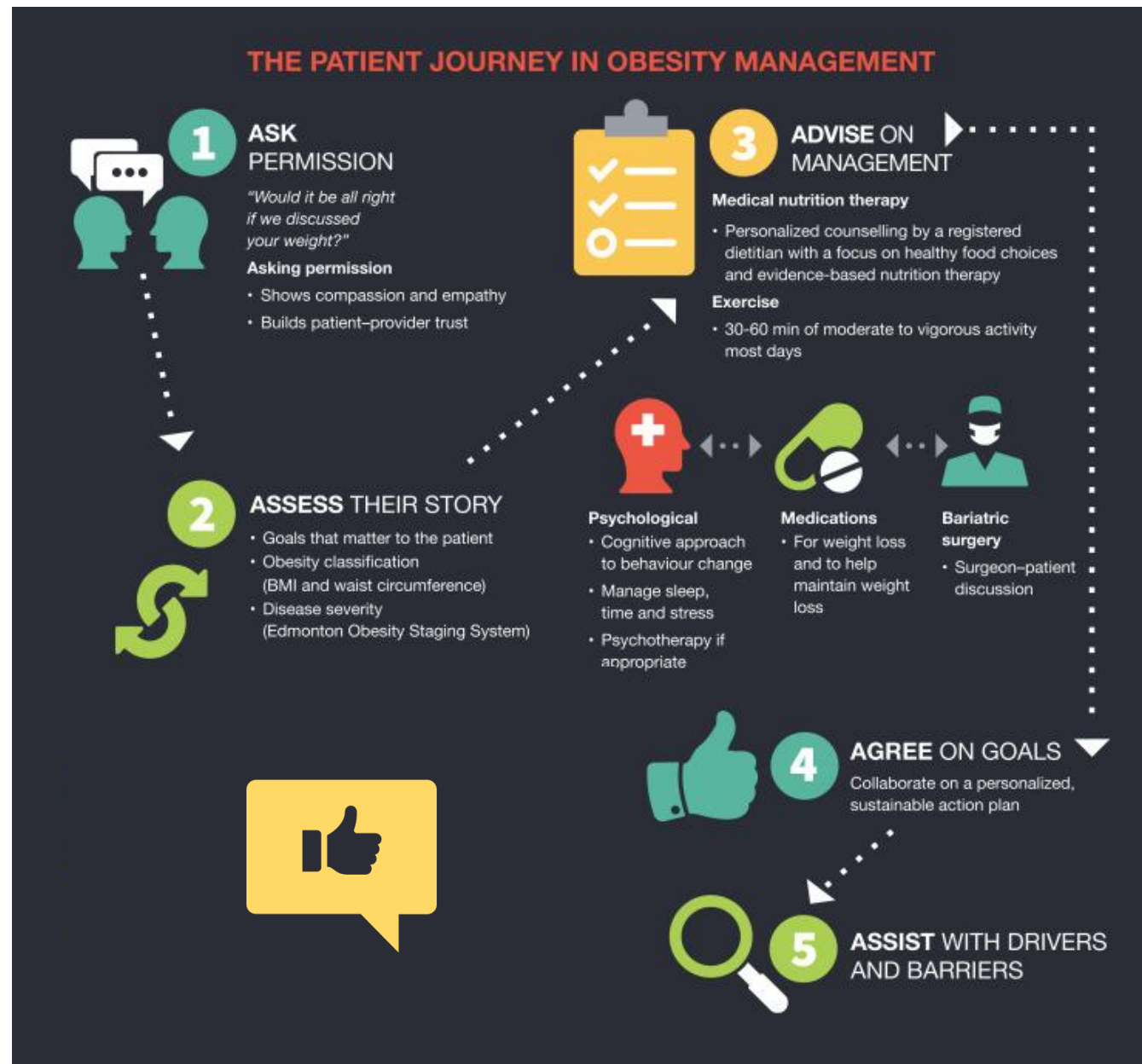


Stages of Change

- Change is a multi-step process
- Individuals are in one stage of change at a time
- Stages of change can help inform and guide interventions



Getting Permission



Wharton S, et al. *CMAJ*. 2020;192(31):E875-E891.



Patient Centered Care

Gather Information



Ask leading questions



Clarify information by repeating back what the patient said



Do not interrupt the patient



Assess motivation confidence

Establish Relationship



Communicate intention to help



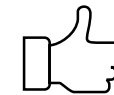
Acknowledge emotions/ feelings



Use layman's terms to explain



Collaborate to identify the next step



Use weight neutral terms



Instill confidence

Education and Counseling



Ask questions to make sure the patient understands



Discuss specific diet, exercise, and monitoring goals



Elicit and address barriers to change



Explain the nature of obesity



Promoting Health Benefits Positively

Many benefits of exercise that do not entail manipulating body size:

Improves sleep

Decreases anxiety/depression

Fun

Increases mobility and decreases pain

Improves bone density

Improves balance/decreases falls

Decreases constipation

Improves blood pressure readings

Decreases pain

Promotes socialization

Talk about diet in terms of the patient's specific diagnosis

Reduce salt intake for HTN, CAD

Reduce protein for CKD

Food in terms of fullness and energy level

Sharma A, et al. *Prim Care Companion J Clin Psychiatry*. 2006;8(2):106; <https://medlineplus.gov/benefitsofexercise.html>;
<https://nutritionsource.hsph.harvard.edu/intuitive-eating/>



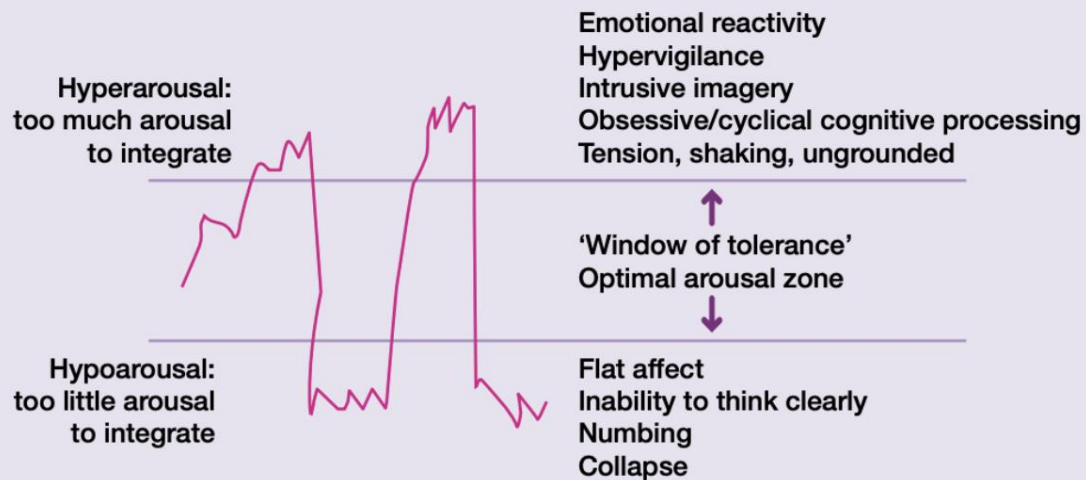
Trauma-Informed Care

- Shifts focus from “What's wrong with you?” to “What happened to you?”
- Principles of trauma-informed care:
 - Safety
 - Trustworthiness and transparency
 - Peer support
 - Collaboration and mutuality
 - Empowerment of voice and choice
 - Cultural, historical, and gender issues



Trauma-Informed Care

The 'window of tolerance': maintaining optimal arousal



Adapted from Ogden and Minton 2000, at www.sciencedirect.com.

- "Window of tolerance"
 - Notice body language and degree of engagement
 - Ask permission/consent before offering advice
- Relative safety
 - Stay present
 - Actively listen
 - Challenge from state of curiosity (in non-confrontational way)
 - Check in (ie, "does this feel ok?")

Corrigan FM, et al. *J Psychopharmacol*. 2011 Jan;25(1):17-25. National Institute for the Clinical Application of Behavioral Medicine. <https://www.nicabm.com/trauma-how-to-help-your-clients-understand-their-window-of-tolerance/>; Geller SM, et al. *J Psychother Integr*. 2014;24(3):178-192.



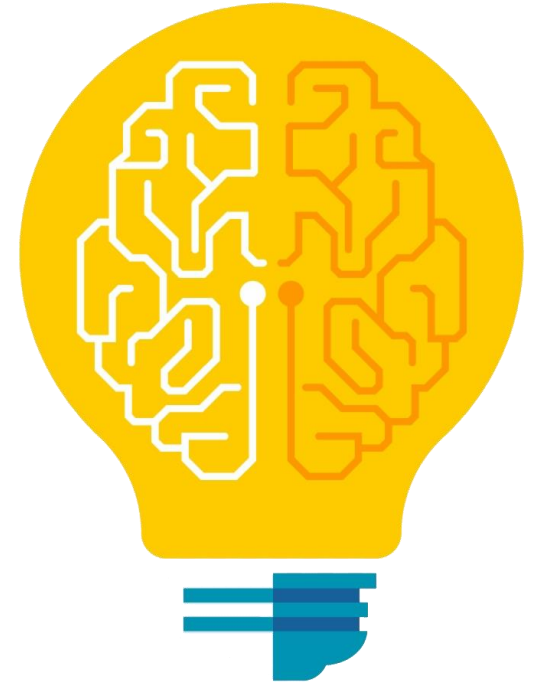
Key Takeaways

- Motivational interviewing is a tool that helps patients facilitate behavior change
- Providers can use various approaches to empower the patient to make long-lasting changes in weight management
- Helping patients recognize emotional/physical triggers can help build awareness, leading to behavior change



Questions?

- Please feel free to unmute your microphone or type your questions in the chat!



Patient Information: Female, 54 Years Old, She/Hers

Main Question: What are some weight loss strategies for patient with SMI/cognitive impairment and serious co-morbidity of idiopathic intracranial hypertension with optic nerve edema?

Medical Background:

Pertinent Medical History/Diagnoses:

- Idiopathic intracranial hypertension
- Optic nerve edema
- Class 3 obesity
- Hyperlipidemia
- GERD
- Overactive Bladder
- Undifferentiated schizophrenia
- Anxiety

Medications:

- acetazolamide 500 mg BID
- atorvastatin 40 mg daily
- benztropine 0.5 mg daily
- bupropion SR 100 mg QHS
- clonazepam 0.5 mg BID
- metformin ER 500 mg BID
- omeprazole 40 mg daily
- oxybutynin ER 5 mg daily
- risperidone 8 mg daily

Physical Examination:

- BMI 41
- TSH 3.970
- A1C 5.3
- LDLc 78
- Patient has lost 16 pounds in the past year and a half since engaging with bariatrics.

Lifestyle History:

- Patient lives in supportive housing where she has assistance with medication and receives subsidized meals.
- Has her own room with a small refrigerator and microwave, but without her own kitchen/access to a kitchen.
- Eats breakfast at lunch at her residence, typically take out for dinner. In the last 6 months has reduced packaged foods/snack and soda.
- Participates in limited physical activity secondary to knee pain.

Social/Cultural Factors

- Highest level of education is high school
- Neurodiverse
- Disabled

Current Treatment Plan/Regime

- Encouragement to increase fresh fruits, vegetables, whole grains, lean proteins and limit processed/packaged foods and sugary drinks.
- Encouragement to increase daily activity to at least 30 minutes of walking daily.
- Referred to bariatrics. Patient declining surgical intervention, but has continued to see bariatrics team for nutritional counseling.
- Insurance has denied GLP-1.



Thank You

- ECHO Session 6 takes place on: Thursday, December 12th at 1:00 PM EST/10:00 AM PST
- Please complete your session evaluation to claim your CME credit

