Implementing Interventions to Improve Care for People with Obesity in 10 U.S. Health Care Organizations

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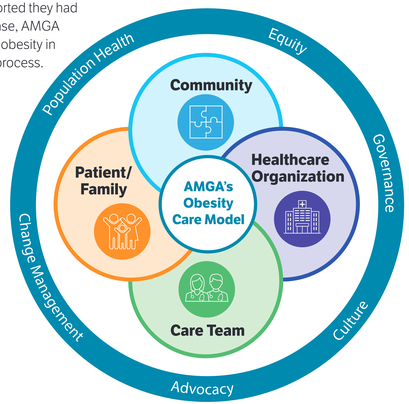
Study Objective — Within a national, primary care-based, population health-focused, obesity learning collaborative, to identify the most impactful implemented strategies to improve care for people with obesity.

Background

- 71.6% U.S. adults with overweight or obesity; 39.8% have obesity.[1]
- Annual medical costs for people with obesity are $1,429 per person more than for people of normal weight.[2]
- A comprehensive program to treat obesity requires a combination of lifestyle (diet and exercise), medical, and surgical management. STOP Obesity Alliance's proposed Standard of Obesity Care[3] should be considered.
- Reimbursement challenges persist in the treatment of obesity.
- Effective implementation strategies are needed, with attention to local context and both internal and external influencing factors.
- 68% of AMGA members surveyed in 2015 reported they had not implemented obesity guidelines. In response, AMGA conducted a learning collaborative to address obesity in primary care and studied the implementation process.

AMGA Obesity Care Model Collaborative

Objective: 3-year collaborative to define, pilot, and evaluate a framework and necessary components to address obesity in multi-specialty medical groups, academic medical centers, and integrated health systems



Methods

Design: Qualitative analysis of data collected during site visits conducted as part of a national learning collaborative in which 10 U.S. health care organizations (HCOs) implemented programs to improve care for patients with obesity in primary care. A subset of Evidence for Researchers Implementing Change (ERIC) Strategies (46 of 73) were mapped to current interventions and rated by participating HCOs as having high, medium, or low impact.

Population: Providers and care teams caring for approximately 225,000 primary care patients with overweight or obesity seen at least annually at 10 HCOs from 10/1/2016 through 6/30/2019.

References

1. https://www.cdc.gov/obesity/data/adult.html; https://www.cdc.gov/nchs/fastats/obesity-overweight.htm
2. Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. *Health Affairs*. 2009;28:w822–w831
3. Dietz WH, Gallagher C. *Obesity*. 23 June 2019.

Results

Table 1. Strategies with Highest Perceived Impact*

Necessary for Program Initiation
Identify & prepare champions
Identify early adopters
Assess for readiness & identify barriers, facilitators
Develop educational materials
Conduct educational meetings
Organize clinician implementation team meetings
Necessary for Program Success, Sustainability
Develop & organize quality monitoring systems
Recruit, designate, train for leadership
Use train-the-trainer strategies; dynamic training
Make training dynamic
Conduct small tests of change, e.g., PDSA cycles
Purposely reexamine implementation
Stage implementation scale-up
Intervene with patients to enhance uptake & adherence
Audit & provide feedback (transparent reporting)
Tailor strategies

* 100% ranked high by ≥ 5 HCOs; 67% by ≥ 6; 20% by ≥ 8 HCOs

Community

Healthcare Organization

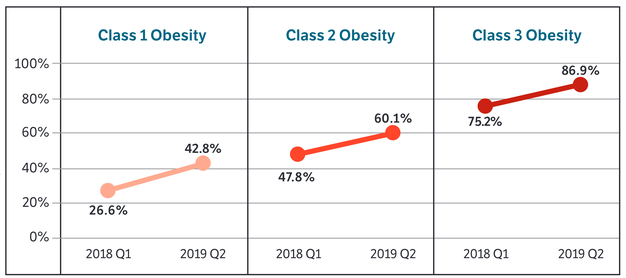
Care Team

Patient & Family

Table 2. Highest Perceived Impact Interventions and Potential Measure(s) Impacted, One Health Care Organization Example

Intervention	Measure Impacted
Walk with the Doc	Weight Change
Collaboration with Dept. Public Health	Weight Change
Provider Dashboards on HCC Coding: Shared Cost Implications	Obesity Diagnosis
Clinician CME Obesity Forum	AOM Prescribing; Obesity Dx
EHR-embedded Obesity Treatment Algorithm	AOM Prescribing; Obesity Dx; Weight Change; Assessments; Identifying Comorbidities
Dial-A-Dietician	Weight Change
Distribution of AACE Tx Algorithm	AOM Prescribing; Obesity Dx; Weight Change; Assessments; Identifying Comorbidities

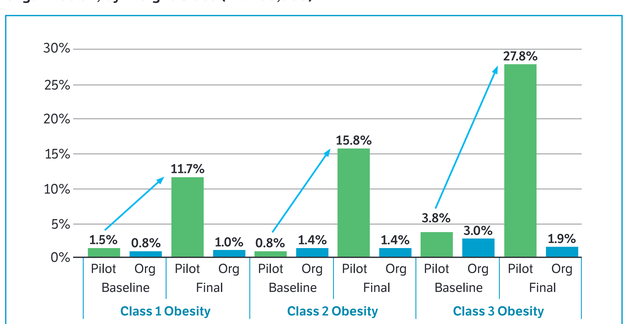
Figure 1. Obesity Diagnoses Pre/Post Intervention, by Weight Class (n ≅ 50,000)



"Knowledge and best practices are meant to be shared, and these meetings allow us to do just that. This collaborative has exposed us to new ideas and strategies, many of which we may never have thought of on our own."

— Marianne Sumego, MD, Community Internal Medicine, Cleveland Clinic

Figure 2. Anti-obesity Prescriptions Pre/Post Intervention, Pilot vs. Entire Organization, by Weight Class (n ≅ 100,000)



Weight Classes

Overweight:	25 ≤ BMI < 30	Obesity Class 2:	35 ≤ BMI < 40
Obesity Class 1:	30 ≤ BMI < 35	Obesity Class 3:	BMI ≥ 40

About AMGA

AMGA (American Medical Group Association) is a non-profit trade association representing 440 multi-specialty medical groups and integrated delivery systems with a total of 175,000 full-time equivalent physicians. AMGA conducts national campaigns and disease-focused collaboratives, such as this one, focused on helping member organizations achieve the quadruple aim. AMGA collaboratives include benchmarking against other high-performing organizations to identify best practices and translate to other AMGA member organizations.

Implications for Policy or Practice

- A learning collaborative approach may be effective in designing comprehensive clinical programs for people with obesity, particularly when evidence-based non-pharmacologic interventions are lacking.
- Mapping interventions to a common set of implementation strategies may be useful in determining which interventions are most frequently associated with clinically successful programs, among geographically and structurally diverse HCOs.
- Strategies may then be shared with HCOs starting new primary care-based obesity programs, to guide the selection of successful interventions based on the individual context of each organization.
- Shared learning between HCOs, as well as high-impact strategies such as provider and clinic champions, transparent reporting, provider and staff education, and EHR alerts all potentially contributed to improved outcomes.
- Focus on financial implications, e.g., HCC coding for BMI ≥ 40 among MSSP or MA patients, may complement other obesity management strategies while simultaneously impacting patient care. (See Figure 1.)
- Need dedicated resources to focus on insurance coverage, including attention to coding and negotiating with payers, particularly around medications. (See Figure 2.)
- A learning collaborative approach that both builds care models and monitors clinical and process outcomes over time is promising in addressing the management of patients with overweight or obesity.