



CARDI•OH

Ohio Cardiovascular Health Collaborative



In partnership with:



Cardi-OH ECHO Weight Management A Patient-Centered Approach

Thursday, September 19, 2019

Disclosure Statements



The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:

- Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for forthcoming books with Springer publishing and Taylor Francis publishing.
- Siran M. Koroukian, PhD received funds for her role as a site PI on a subcontract with the Cleveland Clinic.
- Christopher A. Taylor, PhD, RDN, LD, FAND reports grant funding and travel support for his role as a consultant, researcher, and presenter for Abbott Nutrition, and is also a member of the Scientific Advisory Council of Viocare, Inc.
- These financial relationships are outside the presented work.

All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

Obesity – Why it falls in the domain of primary care



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Objectives



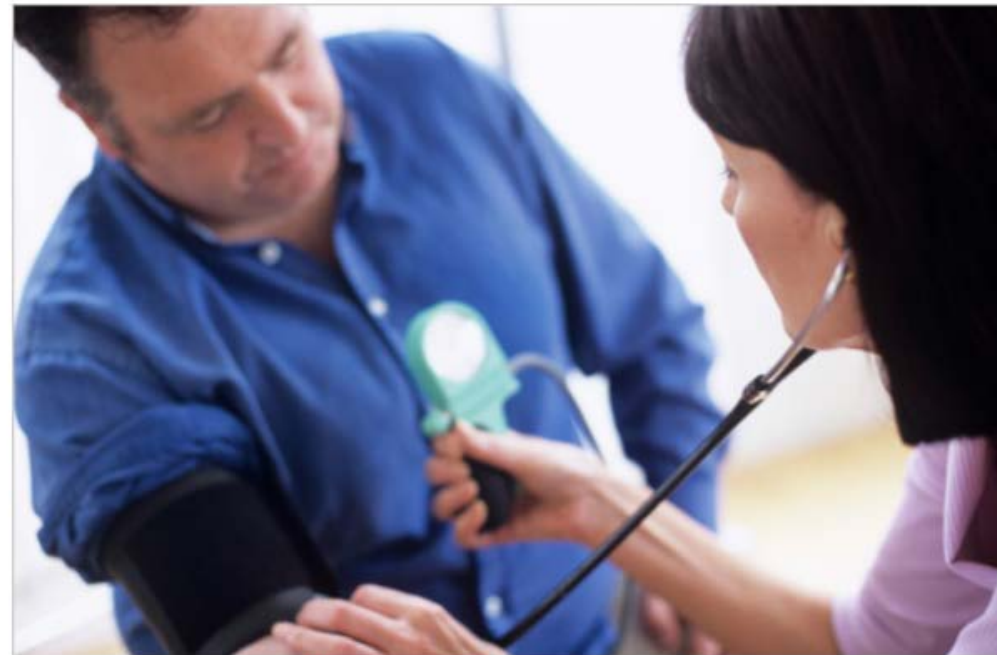
After attending this brief didactic session, you should be able to accomplish the following:

- 1) List a minimum of 3 barriers primary care providers face in helping patients with overweight and obesity.
- 2) Define the term “built environment.”
- 3) List and describe key components of a rationale for why primary care providers should address overweight and obesity.

Doctors don't talk about weight

Doctors and Patients, Not Talking About Weight

BY RONI CARYN RABIN MARCH 16, 2010 1:07 PM



Ian Hooton/Getty Images Why is it so hard for doctors to talk to their patients about weight?

Fitzpatrick and Stevens (Prev Med 2017)



- Weight management counseling during visits significantly declined from 33% to 21% between 2008-2009 and 2012-2013 (OR=0.62, 95% CI 0.41-0.92).

Barriers

- Knowledge:
 - Consistently poor
 - Lack of training in nutrition in medical school and residency programs
- Resources:
 - Time
 - Access to treatments (nutritionists, pharmacotherapies, etc.)
- Attitudes:
 - Bias
 - Responsible
 - Effectiveness of treatment
 - Fear of causing offense
 - Providers' own BMI

Rationale

The Future of Obesity Treatment

Accessible, Inexpensive, and Technology Based?

A staggering 68% of US adults are either overweight or obese.¹ Current direct medical costs associated with treating obesity-related illness are roughly 5% to 10% of all US health care spending.² Effective solutions to this epidemic are scarce, expensive, or both. The mean cost of bariatric surgery is \$27 905.³ Few medications are

cost significantly less than current alternatives. Technology can play a crucial role in providing low-cost, accessible weight management. Finally, participation should be sustainable, even if programs have only a modest effect on weight. Weight management is often a lifelong struggle, so it is essential that these pro-

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Rationale (continued)



- Criteria:
 - Convenience and accessibility
 - Cost
 - Ability to engage and re-engage patients over life course
- Trust and patients' wishes
- Built environment:
 - Defined as "the human-made space in which people live, work, and recreate on a day-to-day basis."

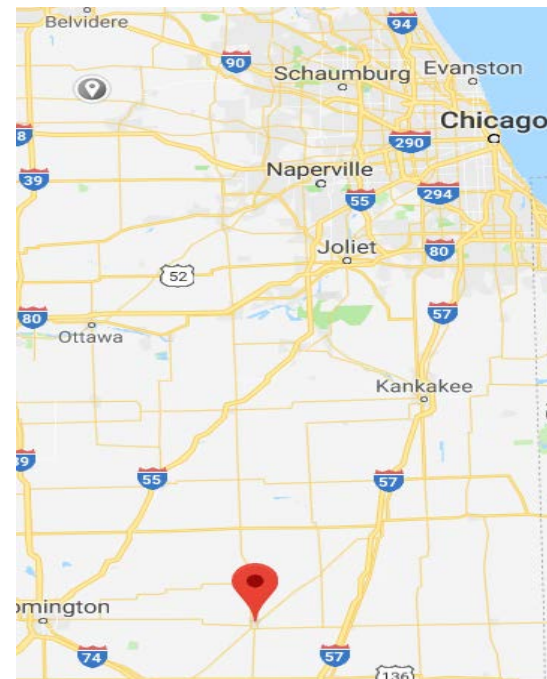
Rationale (continued)

Want to see the economic impact of a doctor? Visit a small town

JANUARY 12, 2018



Staff News Writer
American Medical Association



- David Hagan, MD, Gibson, IL
- 8 employees
- Office is a community asset
- Built with local materials and contractors

Thank you!

Questions/Discussion