



**CARDI•OH**

Ohio Cardiovascular Health Collaborative



*In partnership with:*



# Cardi-OH ECHO Weight Management A Patient-Centered Approach

Thursday, December 5, 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.

# Weight management: Partnerships and collaboration



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# Objectives



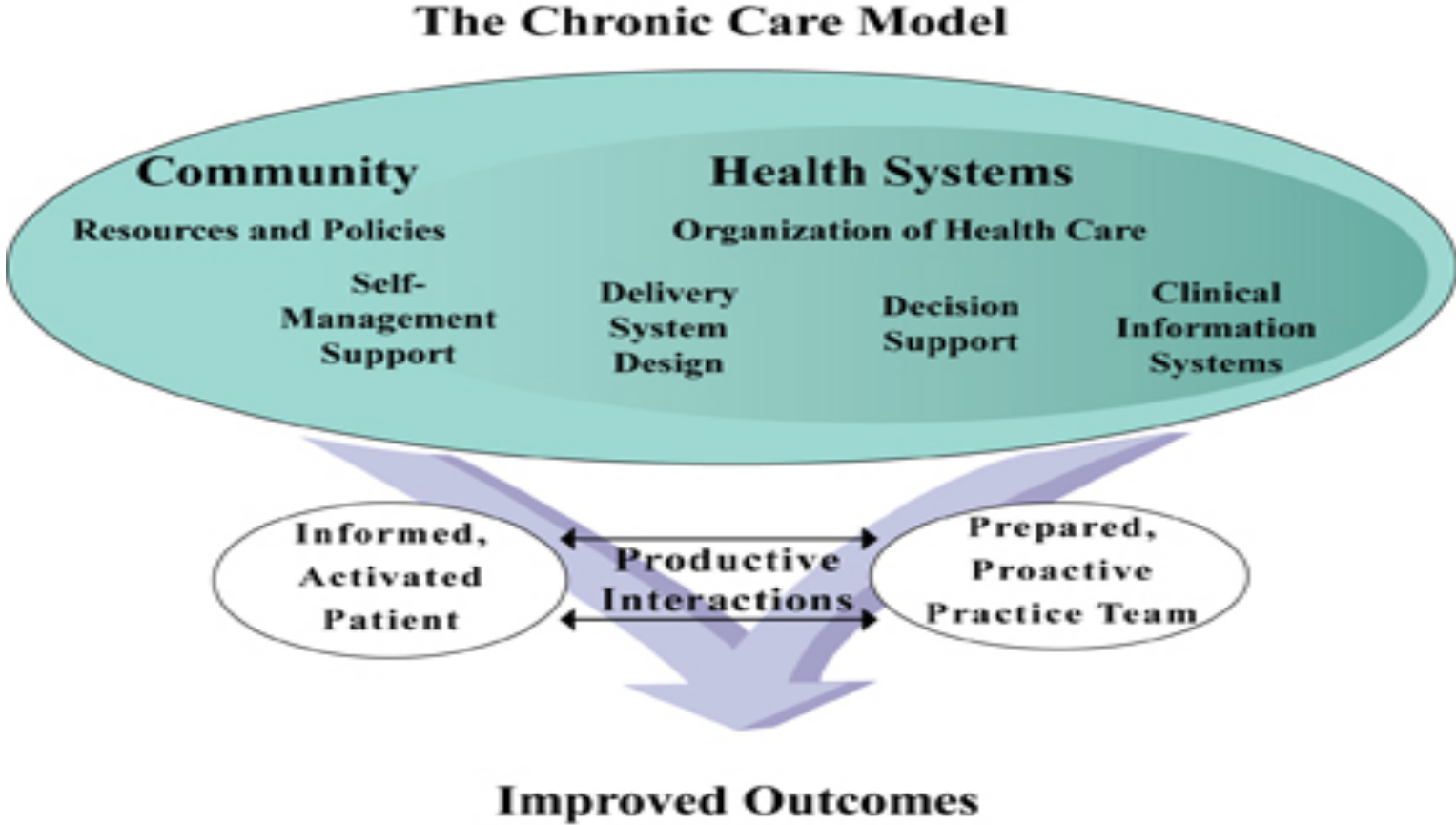
- Define a collaborative approach to obesity care.
- List and describe a minimum of 2 advantages of a collaborative approach to obesity care.
- Describe how a health care provider might collaborate with an outside professional in collaborative obesity care.

# Rationale for a collaborative, multidisciplinary approach



- Lack of time available for a “solo” health care provider approach.
- Lack of expertise
- Ability to provide more support
- Ability to provide more frequent contact for patients engaged in weight management
- Opportunity to build community among health care providers
- Effectiveness

# Origins of Collaborative Care Models for Obesity



Developed by The MacColl Institute  
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# PCMH



## Multidisciplinary Teams and Obesity



### Role of the Modern Patient-Centered Medical Home

Kevin M. Bernstein, MD, MMS<sup>a,b</sup>, Debra A. Manning, MD, MBA<sup>c,d,\*</sup>,  
Regina M. Julian, MHA, MBA<sup>e</sup>

# An additional review



## **Multidisciplinary Team–Based Obesity Treatment in Patients With Diabetes: Current Practices and the State of the Science**

Daniel Foster,<sup>1\*</sup> Shakira Sanchez-Collins,<sup>2\*</sup> and Lawrence J. Cheskin<sup>3</sup>



[Helen P Booth](#)  • [Martin C Gulliford](#)

Published: April 22, 2017 • DOI: [https://doi.org/10.1016/S0140-6736\(17\)31014-0](https://doi.org/10.1016/S0140-6736(17)31014-0)

References

Article Info

Linked Articles

Obesity is a growing public health concern that might be neglected by primary care providers. In one study, 59% of patients with morbid obesity had no record of weight management advice in their primary care records over 7 years.<sup>1</sup> The study in *The Lancet* by Paul Aveyard and colleagues<sup>2</sup> that explores the role of brief interventions for obesity in primary care is welcome. Net weight loss following their intervention was 1·4 kg at 12 months. Systematic reviews of randomised trials conducted in primary care, which were not discussed by Aveyard and colleagues, reveal very similar findings. In a review of 15 trials<sup>3</sup> with 4539 randomly allocated participants, pooled results from a meta-analysis indicated a mean weight loss of 1·36 kg (0·63–2·10;  $p < 0\cdot001$ ) at 12 months. A review of 12 trials by Wadden and colleagues<sup>4</sup> reached similar conclusions.

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**RESEARCH ARTICLE**

HEALTH AFFAIRS > VOL. 34, NO. 9: NONCOMMUNICABLE DISEASES: THE GROWING BURDEN

# An Integrated Framework For The Prevention And Treatment Of Obesity And Its Related Chronic Diseases

William H. Dietz, Loel S. Solomon, Nico Pronk, Sarah K. Ziegenhorn, Marion Standish... [See all authors](#) ✓

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**PUBLISHED: SEPTEMBER 2015**  **Free Access**

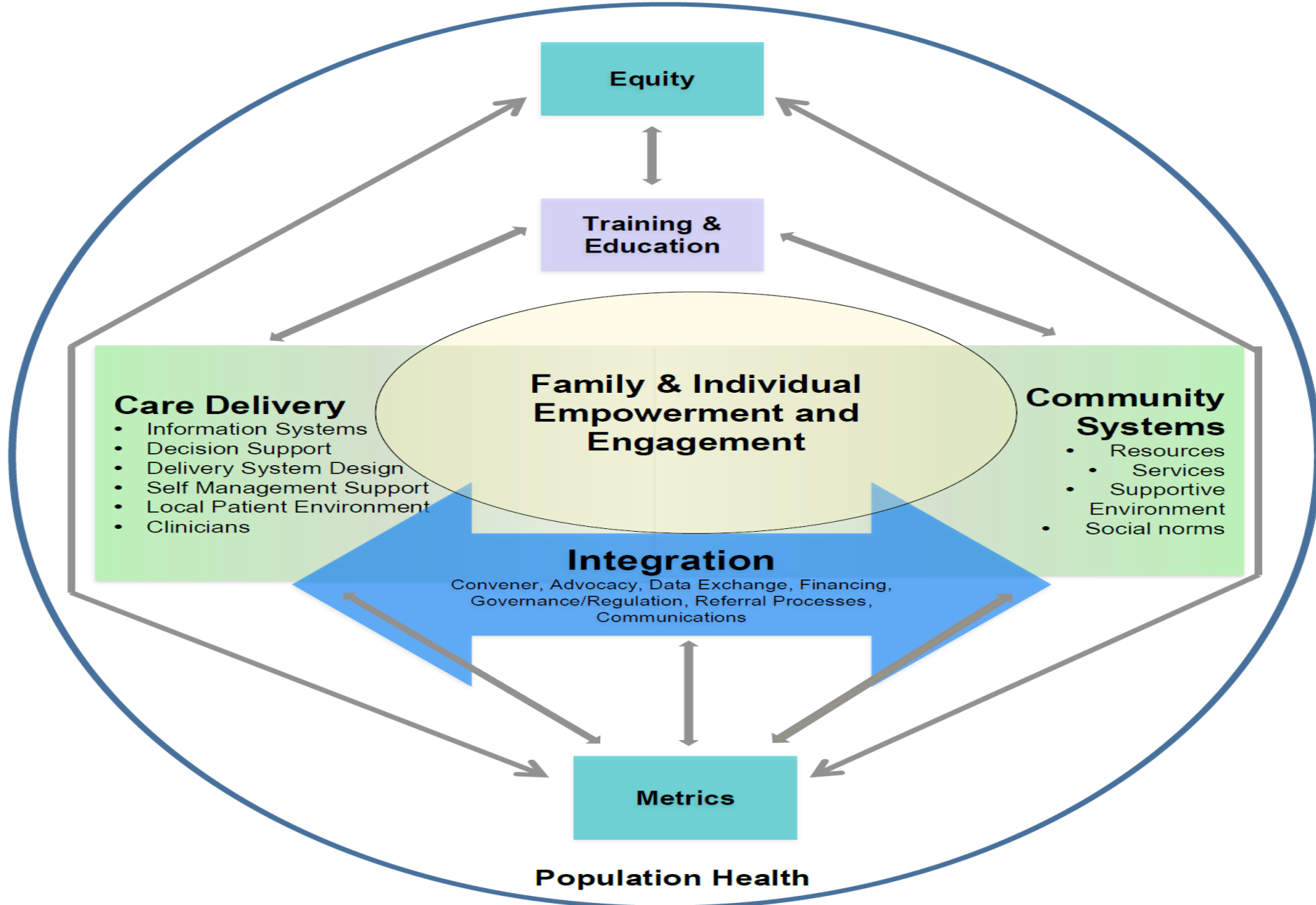
<https://doi.org/10.1377/hlthaff.2015.0371>

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# Framework for Integrated Clinical and Community Systems of Care



# General Principles



- Multidisciplinary team-based approaches are more effective than solo approaches.
- Success is proportional to the frequency of contact
- Support can be provided through different means, including electronically

# What does it look like?



- “It’s great that he has lost twenty pounds. Will be you be adjusting his insulin dose?” --- *Dietitian to physician*

## ... An exercise

- You are a provider in a group primary care practice just outside of Mansfield, Ohio. There are four physicians (3 family physicians and one internist) as well as 1 nurse practitioner in your practice. The practice has a high prevalence of obesity (>50%). Your practice also includes a staff of fourteen, including 8 medical assistants and one full-time nurse. The surrounding community has few resources. There are a few commercial weight loss programs and some recreational facilities. Dietitians are available through the local hospital. Your task is to establish a multidisciplinary, collaborative obesity care program. You have received \$50,000 through multiple grants for this purpose.

# Questions to consider

- Whom to hire/engage?
- Division of responsibilities
- Metrics for success

Thank you!

Questions/Discussion