A novel approach of individualized counselling in a sensitive manner through calling them at home, outside of routine clinic visits resulted in increased referrals to the weight loss clinic

INTRODUCTION

- Obesity is a chronic, multifactorial, heterogenous disease associated with large number of comorbidities.
- The deleterious effects of obesity are multi-systemic.
- An integrated, multidisciplinary, and personalized approach is needed for obesity management.
- The prevalence of obesity in the US, as per CDC in 2017-2018 was 42.4 % and the trend continues to rise.
- The prevalence of obesity in Bradford county manor as per 2019 data was 32.2%.

CURRENT CHALLENGE

- Only 20 % of class II and class III obese patient in IM resident clinic have referral to the weight loss clinic.

GOAL

To improve obesity care with increasing referral to weight loss clinic by > 5 %.

METHODS

- We identified pool of patients with class II and class III obesity from the patient panel of Internal Medicine residents. (n=201).
- Resident patients were educated to discuss obesity care in IM clinic through workshop by weight management clinic.
- Patients with class II or III obesity were counseled for lifestyle modifications and referral to the weight loss/bariatrics clinic.
- Diet handouts and portion control plates were placed in clinic to facilitate residents for counselling patients.
- Dot phrase was created to capture weight loss referrals.
- 201 patient calls were placed to address obesity as a disease problem, discuss interventions and understand their interest in weight loss or see weight loss clinic.

PRIMARY OUTCOME

Number of referrals to the weight loss clinic

RESULTS

<table>
<thead>
<tr>
<th>PATIENT RESPONSE</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERESTED</td>
<td>14</td>
</tr>
<tr>
<td>NOT INTERESTED</td>
<td>53</td>
</tr>
<tr>
<td>NON-RESPONDENT</td>
<td>94</td>
</tr>
<tr>
<td>PRIOR REFERRAL</td>
<td>40</td>
</tr>
</tbody>
</table>

DISCUSSION

- Obesity is a multifaceted disease with strong attached stigma. Often there is a lack of insight to acknowledge obesity as a disease amongst both patients, and providers.
- Obesity, unlike several other comorbidities is unique in that it requires continuum of care rather than a one time strategy.
- Hence, a multidisciplinary approach involving primary care providers and the weight management clinic is necessitated.
- A novel strategy of dedicated discussion outside of the routine clinic visit yielded positive outcomes with increased referrals to the weight loss clinic.

CONCLUSIONS

- Counselling through phone calls and resident education through workshop were effective measures towards improving obesity care.
- Tools involving implementation into routine clinic visits to address this problem were less effective. Time constraint was the major challenge for providers to address in routine clinic visit.

FUTURE DIRECTION

- Developing a system of either nurse/dietary technician dedicated to reach out to patients for counselling or encompassing it as a part of an annual wellness visit.
- Incorporation into epic as a reminder/care gap to ensure it is addressed.