MaineHealth

LET'S GO!

SMALL STEPS

Adult Obesity Care Pathway

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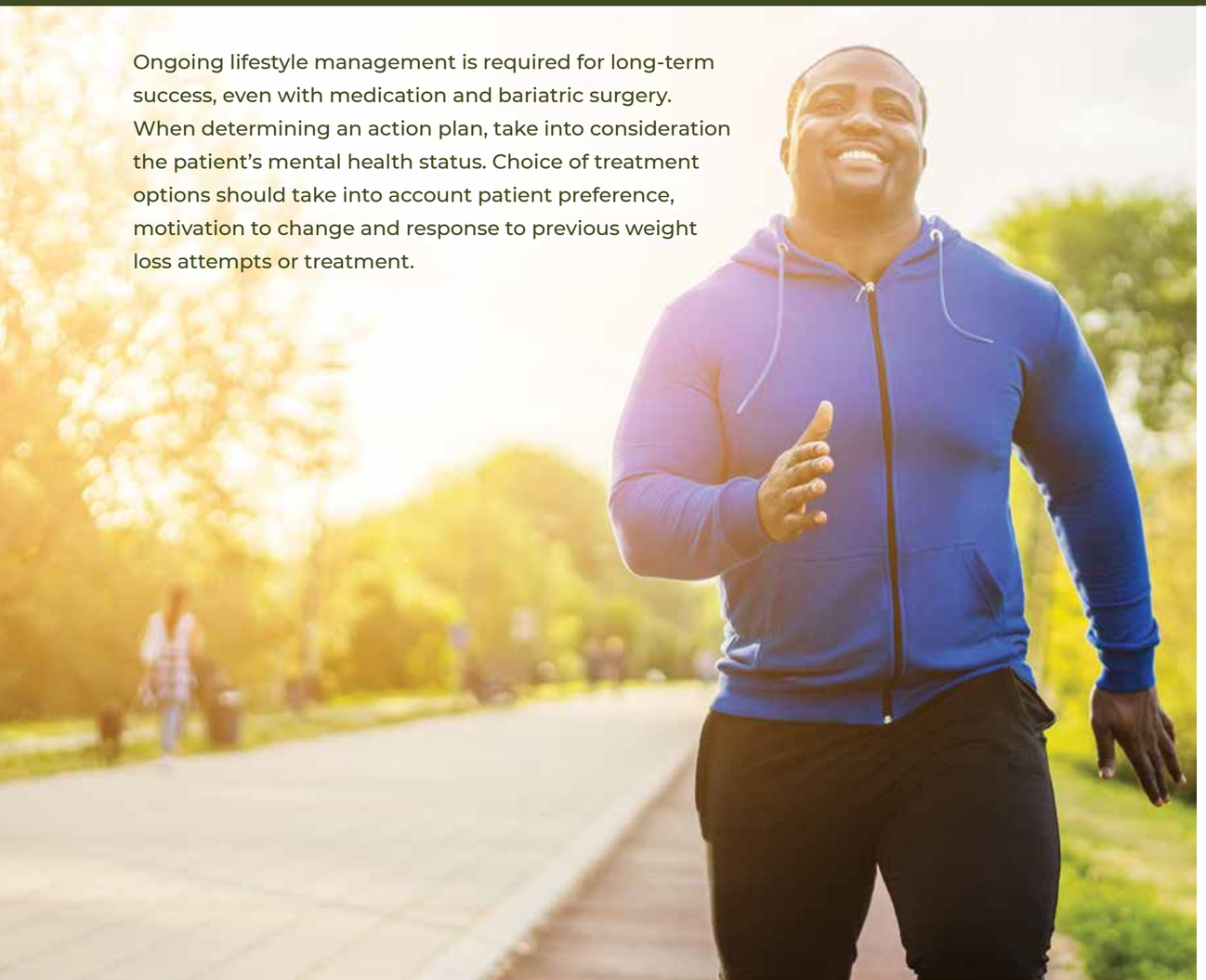
Using the Let's Go! Adult Obesity Care Pathway in Primary Care

Patients with overweight or obesity should advance through each stage of the pathway based on BMI and presence of comorbid conditions. The pathway is not necessarily linear. Management and treatment approaches may include more than one method and will require reassessment.

Ongoing lifestyle management is required for long-term success, even with medication and bariatric surgery. When determining an action plan, take into consideration the patient's mental health status. Choice of treatment options should take into account patient preference, motivation to change and response to previous weight loss attempts or treatment.



Patients and providers should be aware that sustained weight loss of 3–5% can produce clinically meaningful health benefits, including reduction in triglycerides, blood glucose, HbA1C, and the risk of developing type 2 diabetes. Greater amounts of weight loss will reduce BP, improve LDL and HDL, and reduce the need for medications to control BP, blood glucose and lipids as well as further reduce triglycerides and blood glucose.

Let's Go! Small Steps Program

Let's Go! has made a significant impact on pediatric obesity prevention through the 5-2-1-0 program. In 2016, to meet the needs of the obesity epidemic among adults, the 5-2-1-0 program was adapted for adults. The Small Steps program is an intervention to prevent, assess and manage adult patients at risk for or who have overweight or obesity. The Small Steps theme encourages patients to make small, incremental steps toward the goal of improving health habits to support a healthy weight. Using positive language and focusing on healthy habits instead of weight, the intervention uses these key messages:

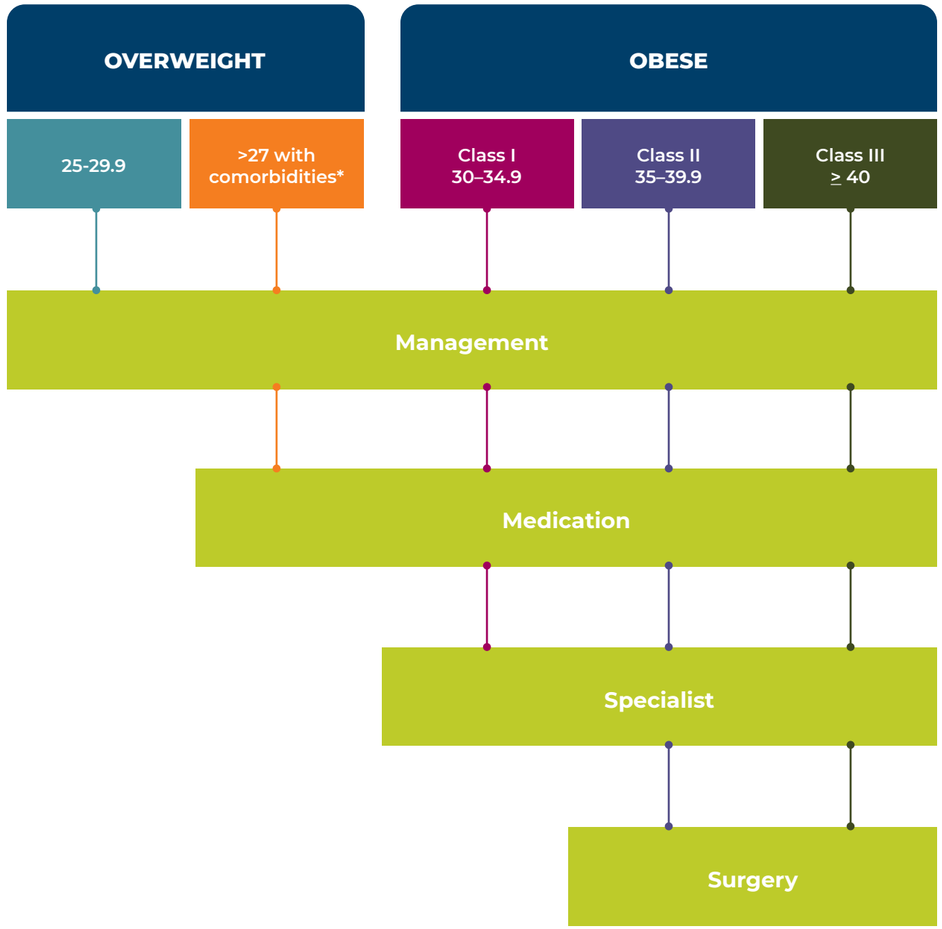
Move More
It's a great way to improve your health

Eat Real
Foods that come from nature give you energy

Drink Water
It's the best choice

Rest Up
Good sleep restores your body and mind

BMI & Obesity Classification



* Comorbidities Include:
- Degenerative joint disease
- Dyslipidemia
- Hypertension
- Metabolic syndrome
- Non-alcoholic fatty liver disease
- Obstructive sleep apnea
- Type 2 diabetes and prediabetes

Assess – Healthy Habits

Assess health behaviors using the Healthy Habits Questionnaire; weight-related health risks; and readiness to make lifestyle modifications.

SMALL STEPS HEALTHY HABITS QUESTIONNAIRE

Healthy Habits

Maine Health LET'S GO! SMALL STEPS

We are interested in the health and well-being of all our patients. Please take a moment to answer these questions.

Your Name: _____ Today's Date: _____

1. How many days each week are you physically active? _____
2. On those days, how many minutes are you usually active? _____
3. How often do you eat while you are doing other things?
   (for example, using the phone or computer, watching TV, reading a book)
   ☐ Never ☐ Some of the time ☐ Most of the time ☐ Always
4. How many fruits and vegetables do you eat each day? _____
5. How many times a week do you eat takeout or fast food? _____
6. How many of these drinks do you usually have each day?
   _____ Water _____ Coffee _____ Soda _____ Sports drinks
   _____ Juice _____ Energy drinks _____ Alcohol _____ Other
7. How many hours of sleep do you usually get each night? _____
8. How often do you feel rested when you get up in the morning?
   ☐ Never ☐ Some of the time ☐ Most of the time ☐ Always
9. How often do you feel that you manage your stress in a healthy way?
   ☐ Never ☐ Some of the time ☐ Most of the time ☐ Always
10. **Is there one thing you would like to do to be healthier?**
    ☐ Move more ☐ Eat more real foods ☐ Drink more water ☐ Get better rest ☐ Other _____

Please share this form with your provider. Then take it home with you. Thank you! ***Turn this over for Small Steps to get started.***

1-18

Use this tool with all patients at well visits (Medicare Annual Wellness Visit and annual Physical Exam) and as the first step in assessing a patient with overweight or obesity. The tool provides self-assessment for the patient and screening for healthy habits. Review responses with the patient using patient-centered counseling such as Motivational Interviewing to learn more about the patient's goals and readiness to change.

Determine weight-related health risks based on physical exam, medical history, family history, lifestyle history (from Healthy Habits questionnaire) and weight loss/gain history.

If available in the EMR, review a graph of a patient's weight history over the years. This can help provide data on periods of time of weight change to identify what may have driven the changes.

Consider ordering appropriate labs and studies that may assist in identifying potential co-morbidities and complications (see Labs and Tests).

Assess – Medications that Impact Weight

Medications that may cause weight gain

- Anticonvulsants: valproic acid, carbamazepine
- Antidepressants: amitriptyline, phenelzine, paroxetine, mirtazepine
- Antihypertensives: clonidine, prasozin, propranolol
- Antipsychotics: haloperidol, olanzapine, risperdone, quetiapine
- Psychotropics: lithium
- Diabetes mellitus: glipizide, glyburide, insulin
- Antihistamines: diphenhydramine and others
- Contraceptives: progesterone injectables
- Steroids

Medications that are weight neutral or promote weight loss

- Diabetes mellitus: GLP-1 receptor agonists, metformin (SGLT-2 inhibitors, e.g. canaglifozin), pramlintide, DPP-4 inhibitors, acarbose
- Psychiatric/neurologic: ziprasidone, aripiprazole, buproprion, fluoxetine, topiramate, zonisamide, lamotrigine
- NSAIDs or DMARDs
- Oral contraceptives
- Stimulants

Assess – Labs and Tests

To assess for overweight or obesity:

Take an accurate height and weight, calculate BMI and determine obesity classification based on BMI. Perform physical exam; review medical, weight loss, lifestyle and family history; and medications that promote weight gain.

Order appropriate labs and testing:

Laboratory Testing

Consider the following labs to detect potential comorbidities of overweight and obesity.

- Fasting Lipid Profile (FLP)
- Thyroid-Stimulating Hormone (TSH)
- Comprehensive Metabolic Panel (CMP)
- Uric acid
- Hemoglobin A1C (HgA1C)
- Vitamin D

Additional Testing

Consider these tests based on individual medical history and symptoms. Consider other testing as clinically indicated in addition to those listed below.

- EKG
- Echocardiogram
- Cardiac stress test
- Sleep study
- Behavioral health screening – PHQ-9, GAD-7
- Binge eating disorder screening

Advise – Lifestyle Modification

Advise on personal health risks; benefits of weight loss; recommended lifestyle modifications; and evidence-based treatment options (See BMI & Obesity Classification).

Lifestyle Modification

All patients, regardless of BMI, should receive lifestyle counseling to maintain or improve healthy habits. A patient-centered counseling style, such as Motivational Interviewing, is most effective at supporting behavior change. Particular emphasis should be given to four key messages:

Move More

≥150 min of moderate physical activity per week. Regular activity is associated with reduced cardiovascular risk, reduced risk of metabolic syndrome, and helps to prevent weight gain.

Eat Real

1. Practice mindful eating. Distracted eating can increase overall food intake.

2. Avoid processed foods; consume 2½ cup-equivalents of vegetables and 2 cups of fruit per day. Foods close to their original source provide maximum nutritional benefit.

3. Cook meals at home as much as possible. Make smart choices and practice portion control when eating out. People who dine at restaurants one or more times per week, are at increased risk of weight gain, overweight, and obesity.

Drink Water

Limit sugar-sweetened beverages. Evidence suggests that sugar-sweetened beverage consumption contributes to the epidemic of obesity in the U.S. Recent studies show that diet sodas and artificial sweeteners, though they have no calories, may increase appetite.

Rest Up

1. Aim for 7–9 hours of sleep each night. Sleeping less than 7 hours per night on a regular basis is associated with a host of adverse health outcomes.

2. Use tension reduction techniques to control stress. Stress is a primary predictor of overeating and relapse after weight loss.

Agree – Goal Setting

Agree on goals, based on patient preferences and readiness to change. Discuss question 10 on the Small Steps Healthy Habits questionnaire with the patient to set a goal for improvement in one area.

SMALL STEPS HEALTHY HABITS QUESTIONNAIRE

When it comes to your health, *small steps* go far!

Move More it's a great way to improve your health	Sit less — for every hour that you sit, move for 3 minutes.	Move for 30 minutes each day. It's ok to break it into small amounts — 10 minutes, 3 times a day.	Count your minutes — aim to get at least 150 minutes every week.	Make it fun. Walk with a friend, co-worker or a dog.	Take the stairs. You can use them in any kind of weather.
Eat Real foods that come from nature give you energy	Choose foods in their natural form. Eat less packaged food.	Check labels and choose foods without sugar in the first 3 ingredients.	Add fiber. Fill half your plate with vegetables and fruits at every meal.	Cut down on portions. Serve food on smaller plates.	Enjoy your food. Eat slowly. Pause before each bite. Stop before you're full.
Drink Water it's the best choice	Keep water handy. Carry a refillable bottle.	Fill up. Drink a glass of water before meals. It will help you eat less.	Add flavor. Put a fruit wedge in your water.	Make it easy to remember. Keep a pitcher of water in the refrigerator.	Limit sugary drinks. Reach for water instead.
Rest Up good sleep restores your body and mind	Try to get 7– 9 hours of sleep every night.	Go to bed and wake up at the same time every day. You'll sleep better.	Unplug. Turn off the TV and mobile devices at least one hour before you go to sleep.	Follow the same bedtime routine every night.	Find time to relax. Take 10 minutes a day of quiet time to refocus and energize.

Refer to the Small Steps chart on the back of the questionnaire if the patient needs ideas for small steps to reach their goal. This chart can be used even if the patient has additional components in their care plan. The patient can take the Small Steps Chart home as a reminder of the goal that was set.

If Epic user: document the goal in the Goals activity. Goals documented in the Goals activity will automatically print in the After Visit Summary.

Assist – Action Plan

Assist in making an action plan, promoting accountability, and identifying resources.

Action Plan

Components of an action plan include:

1. What am I going to do?
2. How much am I going to do, or how often will I do it?
3. When am I going to do it?
4. What might get in my way?
5. What can I do to make it easier to reach my goal?
6. Who could help me be successful?

After 6 months

If weight loss is ≥ 5%, continue the action plan. Monitor for excessive weight loss (sustained > 2 lbs/week). This could indicate an underlying health condition or disordered eating.
If weight loss is <5% or there is weight regain, re-evaluate the treatment plan and consider stepwise increase in intensity of treatment (see BMI and Obesity Classification).

Arrange – Referrals

Arrange for referrals and follow-up appointments, including comprehensive lifestyle management programs.

Comprehensive Lifestyle Management Programs

These programs provide frequent (e.g., weekly) individual or group treatment sessions designed to modify eating and activity habits. Examples include:

- Weight Watchers
- TOPS (Take Off Pounds Sensibly)
- National Diabetes Prevention Program (for help locating a program contact: **mainehealth.org/lrc)**
- Clinical weight management program (check with your local hospital)
- In-office group visits (for resources on how to offer these in your practice, contact Let's Go! at **info@letsgo.org**)

Referrals

In addition to a lifestyle management program, the patient may need referral to:

- Behavioral Health
- Social work
- Nutrition

Follow Up Intervals

Follow up on patients monthly. Schedule an office visit or review interim progress notes from lifestyle management program or treating provider. Frequent contact is the best predictor of success in treating overweight and obesity.

Medicare Benefit

Medicare beneficiaries with obesity, defined as Body Mass Index (BMI) equal to or greater than 30 kg/m2, who are competent and alert at the time that counseling is provided and whose counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting, are eligible for:

- One face-to-face visit every week for the first month;
- One face-to-face visit every other week for months 2-6; and
- One face-to-face visit every month for months 7-12, if the beneficiary meets the 3kg (6.6 lbs) weight loss requirement during the first 6 months.

Medicare coinsurance and Part B deductible are waived for this service. HCPCS code G0447 (Face-to-Face Behavioral Counseling for Obesity, 15 minutes) should be used to bill for these services.

At the 6-month visit, a reassessment of obesity and a determination of the amount of weight loss should be performed. To be eligible for additional face-to-face visits occurring once a month for months 7-12, beneficiaries must have achieved a reduction in weight of at least 3kg (6.6 lbs.), over the course of the first 6 months of intensive therapy. **This determination must be documented in the physician office records for applicable beneficiaries consistent with usual practice.**
For beneficiaries who do not achieve a weight loss of at least 3kg (6.6 lbs.) during the first 6 months of intensive therapy, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period.

Intensive Behavioral Therapy for obesity consists of the following:

1. Screening for obesity in adults using measurement of BMI calculated by dividing weight in kilograms by the square of height in meters (expressed kg/m2);
2. Dietary (nutritional) assessment; and,
3. Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise. Intensive behavioral intervention for obesity should be consistent with the 5-A framework.

Medication Therapy

After 6 months of comprehensive lifestyle intervention: If patient hasn't achieved adequate weight loss, consider starting medication therapy; carefully evaluate risks and benefits.

2–4 weeks after starting Medication:

Check for side effects and efficacy. If patient has severe side effects, or at 4 weeks patients has not lost at least 4–5 pounds, re-evaluate medication and dosing or consider discontinuing medication. Reassess monthly.

At 12 weeks:

- If weight loss < 5%, change dose or medication.
- If weight loss is > 5%, continue medication and action plan.

Risks and benefits – Weight loss medication can be a beneficial adjunct to lifestyle management. However, carefully consider the health and financial risks of pharmacological therapy before initiating.

Medications are expensive and long-term use is necessary for most patients to maintain weight loss.

Patient education and shared decision making

Educate patients about the risks and benefits of drug therapy, including realistic expectations, the importance of ongoing comprehensive lifestyle management programs, and how and when to monitor and report side effects.

For most patients, loss of 10% of body weight is a reasonable goal and good result; loss of >15% is excellent.

For a list of current medications to treat obesity see insert in folder pocket.

Obesity Medicine Specialists

For patients with BMI 30–34.9 w/comorbidities or BMI 35+, consider referral to an Obesity Medicine Specialist.

Obesity Medicine Specialists – Physicians who have comprehensive training in the practice of obesity medicine and have achieved competency in obesity care. They can provide a medically-supervised, multidisciplinary approach to weight loss with a focus on keeping the weight off. Find physicians certified by the American Board of Obesity Medicine at **abom.org/diplomates**.

Bariatric Surgery

Bariatric surgery used in addition to intensive lifestyle intervention is the most effective therapy available for Class II with comorbidities and Class III Obesity. Most patients experience improvement in medical conditions, a decrease in medications and better quality of life. Weight loss surgery can help people lose a significant amount of weight.

In order to qualify for weight loss surgery, patients must meet the following criteria set by the National Institutes of Health:

- BMI of 40 or higher
- BMI of 35 and medical conditions such as high blood pressure, diabetes or sleep apnea
- Patients should also check with their health insurance company.

Comorbidities

- Degenerative joint disease
- Dyslipidemia
- Hypertension
- Metabolic syndrome
- Non-alcoholic fatty liver disease
- Obstructive sleep apnea
- Type 2 diabetes and prediabetes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letsgo.org

info@letsgo.org

207.662.5210