

Weighing in on Obesity

Treating obesity during the COVID-19 pandemic

By Elizabeth Ciemins, Ph.D., M.P.H., M.A.

The COVID-19 pandemic has had a profound impact on the treatment of patients with chronic diseases, and those with obesity are especially at risk. AMGA members were the vanguard of obesity treatment before the public health crisis, and the strategies and processes they have put in place are enabling them to continue to provide valuable care to this vulnerable population.

While chronic disease management is clearly taking a hit during the COVID-19 pandemic, it remains a crucial area of focus for population health improvement as healthcare organizations take on more risk in the movement to value-based care. Diseases like obesity are associated with numerous comorbid conditions that result in high costs to health systems, payers, patients, and employers—not only direct healthcare costs, but also costs associated with absenteeism, presenteeism, and disability.

Rates of obesity have been increasing since 2010; the most recent studies report that prevalence of obesity is over 40%

of adults in the U.S.¹ Obesity is associated with serious complications, such as diabetes, cardiovascular disease, chronic obstructive pulmonary disease (COPD), and sleep apnea and is associated with direct and indirect costs nearing \$2 trillion.² The COVID-19 pandemic has exacerbated the issue. With ambulatory visits for chronic disease management down, people who are working to manage their obesity are not getting the care they need. Making things worse, obesity is one of the most common comorbidities of hospitalized COVID-19 patients, along with hypertension and type 2 diabetes.^{3,4}

While the current situation may look bleak, before the pandemic, AMGA members were making significant strides in the identification, treatment, and management of people with obesity. In 2017, AMGA launched a three-year Obesity Care Model Collaborative (OCMC) to define, pilot, and evaluate a framework and its necessary components to address obesity in primary care within multispecialty medical groups, integrated health systems, or academic medical centers.



During the collaborative, 10 participating healthcare organizations identified and shared innovations, successes, and challenges, and tested models of care to address obesity (see “OCMC Strategies for Obesity Management”). Three of those participating organizations have achieved remarkable outcomes.

Confluence Health

Confluence Health is an integrated healthcare delivery system of two hospitals, 270 physicians representing 40 medical specialties, and primary care clinics in 12 communities across North Central Washington, based in Wenatchee, Washington. It is the major medical provider for patients who live

OCMC Strategies for Obesity Management

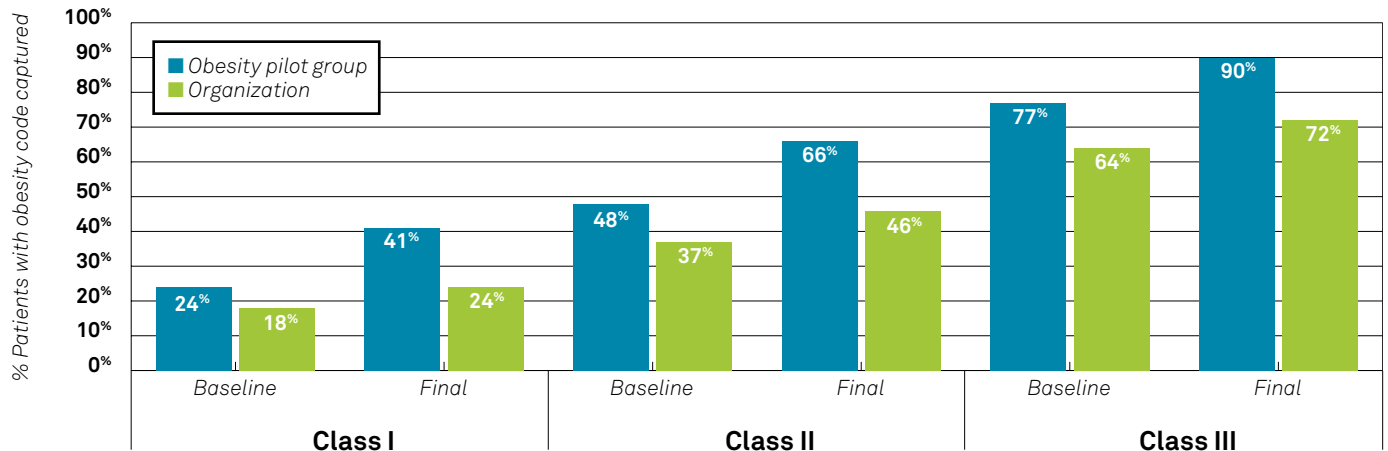
Strategies for a successful obesity management program:

- ▶ **Dedicated obesity clinic or clinic hours**
- ▶ **Obesity support groups**
- ▶ **Shared medical appointments**
- ▶ **Culinary medicine programs**
- ▶ **Community gardens and food pharmacies**
- ▶ **Obesity nurse navigators**
- ▶ **Electronic health record (EHR)-embedded best practice alerts (BPAs) for elevated body mass indexes (BMIs) without accompanying diagnoses**
- ▶ **Weight-friendly waiting and exam rooms**
- ▶ **Champions across disciplines, e.g., MDs, DOs, RNs, MAs, office staff, specialists, etc.**
- ▶ **Walk with the Doc programs**

between Seattle and Spokane. Confluence Health is tackling obesity head-on across their entire organization. They have transformed the treatment of obesity by establishing a centralized weight management center based in primary care, where medical weight-loss therapies can be provided in addition to interventions from registered dietitians and behavioral health providers. The obesity initiative team forged community partnerships, and among other strategies (see “Confluence Health Strategies to Address Obesity in Primary Care”) focused on provider and staff education to help increase conversations with patients about weight and reduce bias against people with obesity.

Figure 1

Confluence Health Obesity Diagnosis Rates Over Time



Baseline: Q3 2017; Final: Q2 2019

Confluence Health Strategies to Address Obesity in Primary Care

- ▶ **Provider and staff education on reducing bias, increasing conversations about weight**
- ▶ **Develop and integrate a simple treatment algorithm (and share openly with other participating health systems)**
- ▶ **Change the paradigm of obesity treatment**
- ▶ **Distribute a patient roadmap**
- ▶ **Understand behavioral and psychological factors related to obesity**
- ▶ **Common nutritional approaches and calorie recommendations**
- ▶ **Coding tip sheets**
- ▶ **Exercise prescription forms**
- ▶ **Pharmacotherapy information on anti-obesity medications**
- ▶ **Common medications associated with weight gain**
- ▶ **Counseling handouts**
- ▶ **Shadowing board-certified obesity physician champions**

These efforts led to dramatic improvements in increasing obesity diagnoses of patients with a body mass index (BMI) ≥ 30 (see Figure 1) and in prescriptions for anti-obesity medications (see Figure 2). Improved outcomes are demonstrated when the obesity pilot group is compared to the entire organization from baseline measurement (Q3 2017) to a final measurement nearly two years later (Q2 2019). Diagnosis rates increased 54% and 66% overall and in their pilot clinics, respectively. In pilot clinics, the diagnosis rate increased to 90%. That means 90% of patients with a BMI and clinic presentation indicative of obesity were appropriately diagnosed by the end of the Collaborative.

Confluence Health saw equally impressive improvements in anti-obesity medication prescriptions, particularly in their pilot sites, where prescribing rates went from 1.5% to 27.8% among appropriate patients.

On a site visit, AMGA staff saw how Dr. Andrew Toth, the primary care champion who led the obesity program, saw patients during a dedicated afternoon obesity clinic (held at his primary care clinic office two afternoons per week). Alternating between English- and Spanish-speaking patients,

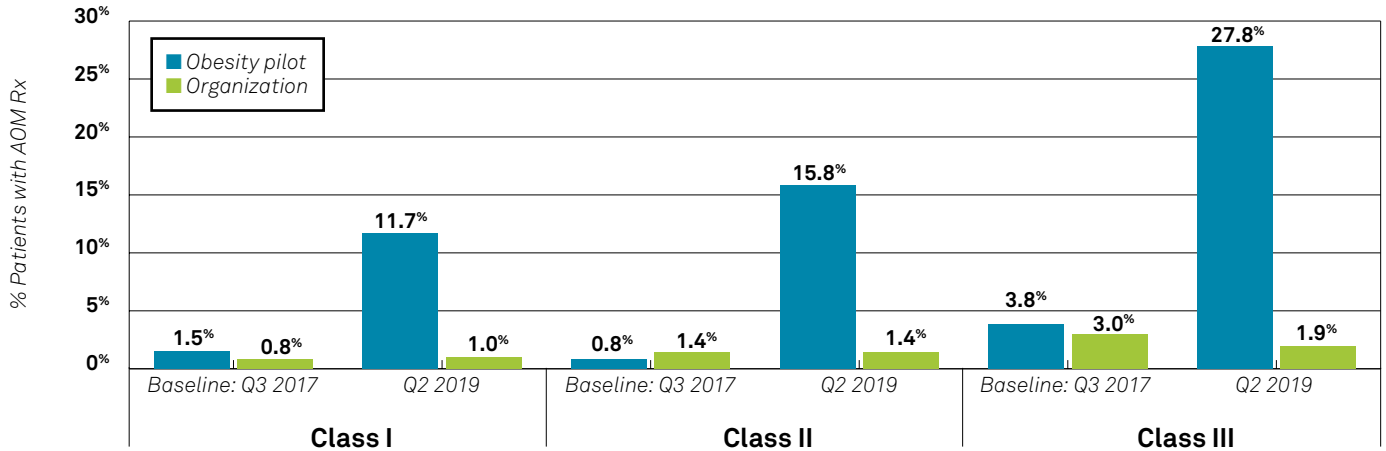
Dr. Toth effortlessly switched between languages, truly meeting patients where they were, with gentle but firm encouragement and kindness. As Dr. Toth shared, “In a practical sense, truly listening to the patient’s story of how they ended up in your office, and then providing accountability as well as the practical tools and knowledge the patient is seeking, provides a powerful catalyst to help our patients begin their journey of lifestyle change and weight loss.”

Mercy East

Another participant in AMGA’s Obesity Care Model Collaborative, Mercy Clinic East Communities, or Mercy East, took a different approach, with a dedicated clinic that exclusively treats patients with obesity. Located in St. Louis, Missouri, this integrated delivery system has five acute care hospitals, a virtual care center, 340 physician practices, and 112 clinic locations. For their OCMC project, Mercy East focused efforts at three pilot primary care clinics and established the Weight and Wellness Center, a dedicated clinic established to take care of patients with overweight or obesity. The center is in the same building as the three primary care clinics, making it easy to refer patients to receive targeted

Figure 2

Confluence Health Anti-obesity Medication Prescribing Rates Over Time



weight loss guidance. Physicians in all clinics received education on obesity medicine, access to internal and external resources for patients, as well as electronic health record (EHR) best practice alerts (BPAs) and Epic Smart-Phrases to facilitate documentation (see “Mercy East Smart-Phrases”), referrals, and awareness of patients with elevated BMIs.

These efforts resulted in a movement in weight class of patients seen at the Weight and Wellness Center (see Figure 3).

Mercy East Smart-Phrases

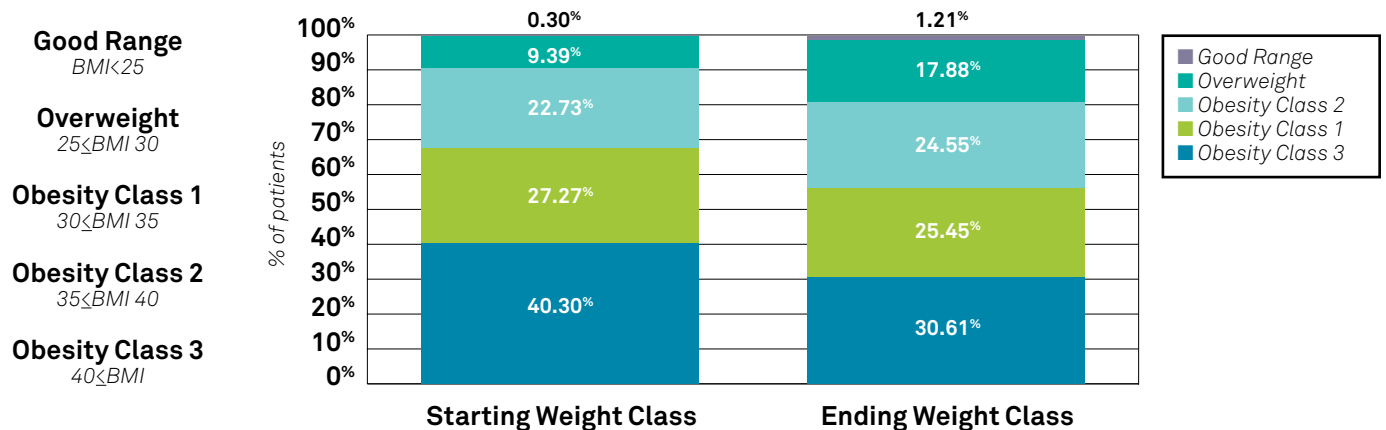
Mercy East integrates Smart-Phrases into the EHR to help providers care for patients with obesity. These Smart-Phrases provided direct links for providers to share with patients during an encounter and on the after-visit summary:

- ▶ **WTLGENERALTIPS**, for general healthy eating ideas
- ▶ **WTLRECIPE**, for cookbooks and websites with healthy recipes
- ▶ **WTLNACKCALORIE**, for snacks under 200 calories and snacks 200–300 calories
- ▶ **WTLNACKLIST**, for list of healthy snack ideas

Mercy East’s program was led by physician champion, Dr. Kara Mayes, who showcased the Weight and Wellness Center during an AMGA site visit. The center has size-appropriate chairs and exam tables and uses a Medical Body Composition Analyzer to assess patients and monitor their progress over time. According to Dr. Mayes, “Mercy’s Weight and Wellness Center provides a place where physicians from across Mercy East can refer patients who need a focused weight management program. With care

Figure 3

Changes in Weight Class from Initial to Final Visit, 03/01/2018–04/30/2019





Mercy East's Dr. Kara Mayes showcases a Weight and Wellness Center exam room specifically designed to treat patients with overweight and obesity.

provided by nurse practitioners, dietitians, athletic trainers, and physicians, the clinic is patient-friendly and provides a safe environment, where patients receive longer visits with additional resources to help them better manage this disease.”

The Iowa Clinic

While participating in OCMC, The Iowa Clinic (TIC) rolled out an obesity management program across their entire organization by integrating obesity management into patients' primary care home. TIC, located in Des Moines, Iowa, is the largest physician-owned, multispecialty group in central Iowa, with more than 160 physicians and 60 advanced practice providers in 40 specialties. TIC's efforts included:

- ▶ Soliciting champions across the system from a variety of disciplines
- ▶ Adding obesity to the problem list for provider review, and focusing on Hierarchical Condition Category (HCC) coding to increase appropriate diagnosing of obesity
- ▶ Providing tools to help providers have effective conversations on weight
- ▶ Developing targeted provider education on pharmacotherapy and a provider toolkit
- ▶ Establishing a Walk with a Doc program

HCC Coding

Hierarchical Condition Categories (HCCs) are used by the Centers for Medicare and Medicaid Services (CMS) to determine the patients' illness burden in order to appropriately capture savings for health systems participating in the Medicare Shared Savings Program (MSSP). Patients with severe obesity (BMI >40) receive an HCC weighting (HCC 22; weight=0.262) that is twice that of an acute myocardial infarction (HCC 86; weight=0.131). HCC scores are also used in Medicare Advantage plans to determine the capitated funding amounts assigned to patients at the start of the enrollment year.



A site visit to TIC inspired AMGA Analytics to examine the potential financial impact of improved HCC coding for obesity across AMGA member healthcare organizations. Proper HCC coding can have a significant impact not only on patient outcomes, but also on a healthcare organization's finances. As can be seen in Figure 4, among 18 healthcare organizations with nearly 30,000 patients age ≥ 65 with severe obesity (a BMI ≥ 40) but without an obesity diagnosis, a total of approximately \$72 million in Medicare Shared Savings Program dollars was potentially left on the table. In addition, nearly 15% of patients in the study had obesity listed on the patient problem list but not on a claim, presenting an opportunity to improve coding practices.

TIC also developed a strong partnership with the local health department, whose representatives were part of the Obesity Task Force, further strengthening the program by linking to external organizations that, together with TIC, could holistically address the multifaceted needs of patients with overweight or obesity. Dr. Barbara Hodne, obesity specialist and physician champion, said, “One of the best outcomes of participating in the Collaborative was that it pushed us to form community partnerships to promote proper nutrition and physical activity to patients and their families. This helps us to educate about the importance of healthier lifestyles for the whole family. If we scaled this type of collaboration between AMGA members and third-party organizations nationally, we would see positive outcomes for millions more patients diagnosed with obesity and their loved ones.”

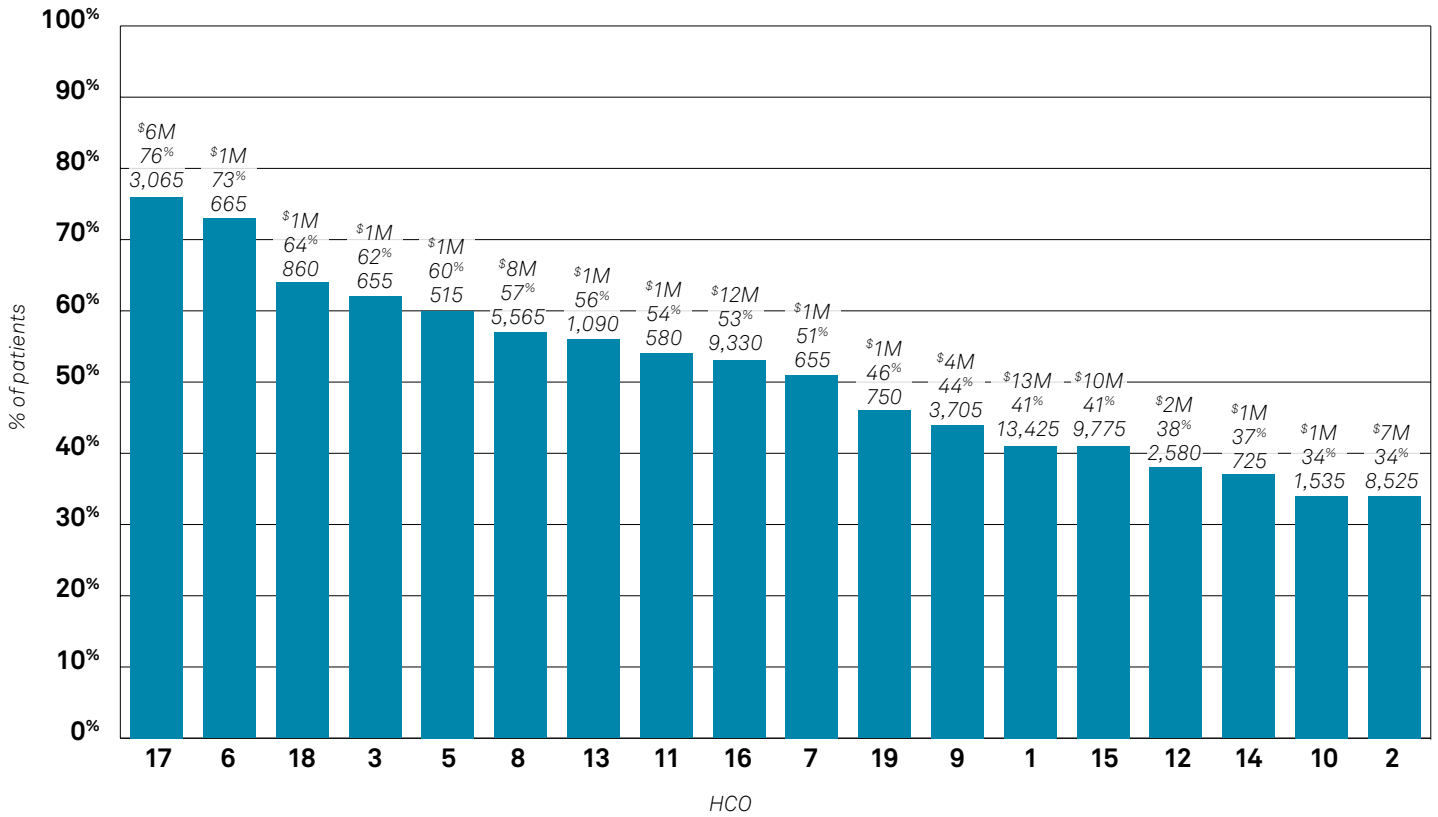
Through the OCMC, AMGA members fortified their efforts to improve the identification, treatment, and management of people with obesity. Throughout the COVID-19 pandemic and beyond, AMGA members will continue to find innovative ways to improve care for this vulnerable population. [GRJ](#)

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Figure 4

Impact of No HCC Obesity Diagnosis and Projected Dollars Lost

Proportion of patients without obesity diagnosis and potential HCC dollars left on table; by health care organization (HCO)
 n = 29,421 patients, age ≥ 65, with BMI ≥ 40 and no obesity diagnosis, across 18 HCOs



Data Source: Figure 4 was created using longitudinal clinical EHR data extracted, mapped, and normalized by Optum®, from 18 geographically dispersed AMGA-member healthcare organizations (HCOs).

Obesity Care Model Collaborative

Ten AMGA member healthcare organizations participated in AMGA's Obesity Care Model Collaborative (OCMC):

- ▶ Aurora Health Care (now AdvocateAurora Health)
- ▶ Cleveland Clinic
- ▶ Confluence Health
- ▶ Guthrie Clinic
- ▶ Healthcare Partners
- ▶ The Iowa Clinic
- ▶ Mercy East
- ▶ Novant Health
- ▶ Tulane University Medical Group
- ▶ Utica Park Clinic

To learn more about their programs, please visit amga.org/obesity. In addition, four peer-reviewed publications related to the OCMC are in preparation or under review. AMGA's Obesity Care Model Collaborative was sponsored by Novo Nordisk, Inc.

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