Feasibility of providing a weight management program to support primary care practices in Nebraska: A qualitative analysis

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Purpose

• **Obesity in our communities**
  (Ogden et al., 2014, JAMA; Akers, Estabrooks, Davy, 2010, JADA; Philips et al., 2014, Ann Fam Med)

• **Primary care as a potential solution**
  (Philips et al., 2014, Ann Fam Med; Huang et al., 2011, Child Heal Care)
Purpose

• To understand the feasibility of providing a weight management approach that includes screening, referral, and intervention to support primary care clinics.

• To explore the successes and challenges of weight management programming already present in clinics, if at all.
Methods

10 Clinics

- 5 metropolitan (>50,000 population)
- 2 micropolitan (urban core ≥10,000, but <50,000 population)
- 3 rural (<10,000 population)

Participants

- 5 participants on average (range: 2-12)
- Typically 1-2 physicians, 2 nurses
- Additional staff often attended

<table>
<thead>
<tr>
<th>Table 1: Titles of focus group participants</th>
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<tbody>
<tr>
<td>Administrator</td>
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<tr>
<td>Nurse Manager</td>
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<tr>
<td>Behavioral Health Staff</td>
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<tr>
<td>Nurse Practitioner</td>
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<tr>
<td>Business Manager</td>
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<tr>
<td>Operations Director</td>
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<tr>
<td>Clinic Manager</td>
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<tr>
<td>Patient Care Coordinator</td>
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<td>Clinic Records Manager</td>
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<td>Pediatrician</td>
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<td>Clinical Coordinator</td>
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<tr>
<td>Pharmacist</td>
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<td>Health Coach; Coordinator</td>
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<tr>
<td>Manager; Administrator</td>
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<td>Other</td>
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<td>Total</td>
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<th>Table 2: Tenure of participating clinical staff</th>
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<td>Titles</td>
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<td>Physician</td>
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<td>Nurse</td>
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<td>Health coach; coordinator</td>
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<td>Manager; administrator</td>
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<td>Other</td>
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<td>Total</td>
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Data Analysis

Adapted from Duval et al. SURP Poster Presentation. UNMC, 2017
Results

Major Themes – Reach

• They assess weight and height
• They have it tracked in medical record
• They don’t use it as a cue to talk about weight in a systematic way

“Sometime I need to use that number to help, because people will say ‘my weight is what it is.’ I use that number to help give them sort of a road map of where they should be.”

“Too many clicks.”

“It really depends on why they are here.”
Results

Major Themes – Available Programs/Services

• No formal weight loss program offered in clinic
• Some use goal setting tools, but not systematically
• Some nutritionist support, but not scalable
• One clinic had a health coach and most will, on occasion, talk to patients about health behaviors
• Some clinics referred to community programs (e.g., grocery store dietitian)

“Highest to have a no-show... probably because she’s forced to schedule so far out.”

“I refer [patients] repeatedly to the dietician and they won’t go.”
Results

Major Themes – Use of Medication

• Medication is prescribed for weight loss at all clinics, but not as a systematic approach.
  • Rarely used as monotherapy.
  • Usually was requested by patients.
  • Doesn’t seem to lead to sustained weight loss.
  • Little provider enthusiasm for this method.

“It's an adjunct. My rule is, other than the blood pressure and heart rate have to be fine, and if they want it they have to be exercising and eating healthy. It's not substitute for doing the things that we ask them to do, but it's an adjunct.”
Results

Major Themes – Challenges

• Difficult to provide facilities, staff availability, and cost

• Transportation and difficulty getting people to a group session

• Hard to monitor and follow up with patients

• Low program availability that is affordable

• Fewer resources available in rural and micropolitan clinics/communities

• Low priority for offering a program on site

“The big factor going forward is going to be how people get reimbursed because obviously [clinic staff] can’t be taking out large chunks of their day and not get paid for it.”

“Per our expectations currently we’re understaffed, and have been for forever. So to add another program would be a stress.”

“It would fall to the very bottom. We’re just trying to keep up with what’s required on a daily basis.”
Results

Make Thrombo Reversiible

“I think so much of it is patient dependent. I think a home program would be good for someone who doesn’t have transportation. But I also think there’s a lot gained from a group program.”

“It would have to be individual based.”

- A program that can be used to refer patients to, rather than an in-clinic program
- Use evidenced-based approaches
- Availability of program offerings
- Communication back to the clinic/provider
- Program credibility; objectives
- Patient accountability
- Individually-tailored
- Harness technology to improve convenience and reach
Summary

• Primary care clinics are engaging with their patients about weight
  • Inconsistent protocol of how staff deal with this
  • Some programs/services are available through clinic
    • Reach and effectiveness are questionable
  • Staff see weight loss program as priority; major concerns about clinic time and resources
  • Very enthusiastic about a referral behavioral weight loss and management program with patient tracking/follow-up—possibly using technological approaches
Future Directions

• Systematic review of rural weight loss interventions (Porter et al., In Review)

• Collaborate with Great Plains PBRN and primary care staff to select intervention for local implementation

• Pilot trial
  • Hybrid Type 1 Effectiveness-Implementation approach
  • 100 participants
  • 2x2 recruitment strategy
    • In-visit vs EHR letter referral
    • Active vs passive follow-up
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- NAPCRG