Advancing Obesity Care
Considerations for Health Systems

Prioritizing obesity care within a health system

Created by Novo Nordisk, leveraging internal Novo Nordisk insights and using the American Medical Group Association (AMGA) Obesity Care Model Playbook, Wisconsin Collaborative for Healthcare Quality (WCHQ) tools, and the Plan-Do-Study-Act (PDSA) method from the Agency for Healthcare Research and Quality.

Identify departments impacted by obesity and potential champions

- Search for providers and decision-makers certified by the American Board of Obesity Medicine (ABOM). Lists of ABOM certified providers can be found at abom.org
- Assess departments and service lines that may be affected by obesity. Reach out to bariatrics, emergency departments, musculoskeletal (MSK) centers, cardiac rehabs, and transitions of care leadership

Measure and assess the impact of obesity

- Evaluate BMI and obesity diagnosis rates across system
- Determine the impact of obesity on existing population health initiatives
- Calculate the incremental cost of patients with obesity

Establish and amplify leadership support

- Use data to present problem statement and incremental improvement opportunities
- Use case studies such as AMGA's Obesity Care Model Collaborative
- Garner approval to create a dedicated team responsible for driving obesity care initiatives

Improve obesity health literacy among care providers

- Establish an obesity care training and education plan for system providers, ideally mandated by leadership
- Focus on education to reduce obesity stigma and bias

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Use electronic health records (EHR) to measure and assess the burden of obesity

ACT

Develop and **distribute** a summary of obesity metrics and identified treatment gaps, including:

- Capacity of bariatric center
- Referral wait times
- Percentage of patients returning for follow-up

PLAN

List **obesity metrics** that are aligned to current system priorities

Examples of obesity metrics:

- Overall rates of **obesity by class**
  – Class I: BMI ≥30, Class II: BMI ≥35, Class III: BMI ≥40
- Rate of **obesity diagnosis**
  – ICD-10 code E66.0
- **Risk stratify** patients with obesity using comorbidities and BMI class
- Health care **utilization patterns**
  – Pharmacy, emergency visits, bariatric surgery, etc
- **Social vulnerability index** for patients with obesity

Example workflow
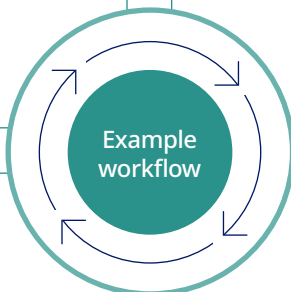
STUDY

Analyze and **interpret** the data, comparing it to local, state, and national statistics

Data and statistics are available from the CDC, including BRFSS data

DO

Use data exploration and stratification tools within your EHR system to collect population health information

About **108 million** American adults are living with obesity[1] and only **48% are formally diagnosed**[2]

BRFSS, Behavioral Risk Factor Surveillance System; CDC, Centers for Disease Control and Prevention.

Sources: **1.** Adult obesity facts. Centers for Disease Control and Prevention. Accessed December 22, 2022. https://www.cdc.gov/obesity/data/adult.html **2.** Pantalone K, Hobbs T, Chagin K, et al. Prevalence and recognition of obesity and its associated comorbidities: cross-sectional analysis of electronic health record data from a large US integrated health system. *BMJ Open*. 2017;7(11):e017583.

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