



the weigh forward ▶

MODULE 3

Act Now

Considerations for implementing an obesity care pathway at your health system



Act now to implement an obesity care pathway at your health system

Clinical guidelines and pathways offer effective management strategies



Clinical practice guidelines offer **evidence-based recommendations** for health systems and their clinicians to manage obesity¹



Care/treatment pathways, based on available clinical guidelines, provide clinicians with **clear steps** to manage these patients²



This module provides guidance on identifying patients with obesity, discussing obesity with patients, and implementing a clinical treatment pathway

Throughout this process, it is important to collaborate with stakeholders within your health system.



Actor portrayal.



Actor portrayal.

Clinical practice guidelines for the management of obesity

National guidelines recognize obesity as a chronic disease with a need for ongoing treatment

American Association of Clinical Endocrinology (AACE) and American College of Endocrinology (ACE) Comprehensive Clinical Practice Guidelines for Medical Care of Patients With Obesity (published 2016)¹

- This educational, **evidence-based resource** presents rational approaches to the care of patients with obesity
- Provides a **comprehensive care plan** for use by healthcare professionals

Clinical practice guidelines for the management of obesity (cont'd)

American Heart Association (AHA)/American College of Cardiology (ACC)/The Obesity Society (TOS) Guideline for the Management of Overweight and Obesity in Adults: a Report of the ACC/AHA Task Force on Practice Guidelines and TOS (published 2013)²

- Provides a **chronic disease-management model** for the primary care of patients with overweight and obesity
- Helps healthcare professionals **identify patients for obesity reduction therapy and appropriate interventions**, including comprehensive lifestyle intervention, pharmacotherapy, and bariatric surgery

Pharmacological Management of Obesity: an Endocrine Society Clinical Practice Guideline (published 2015)³

- Published shortly after the AHA/ACC/TOS guidelines, this document closes the gap in pharmacological guidance by focusing on **how healthcare professionals can use anti-obesity medications (AOMs) as an adjunct to lifestyle changes** to promote weight reduction and maintenance

American Gastroenterology Association Clinical Practice Guidelines on Pharmacological Interventions for Adults With Obesity (published 2022)⁴

- Supports healthcare professionals decisions about pharmacotherapy for obesity or overweight with comorbidities and recommends **adding AOMs for adults who have not responded adequately to lifestyle interventions over continuing lifestyle interventions alone**

Actor portrayal.



Potential advocacy stakeholders

Support guidelines for clinical diagnosis and treatment by providing coverage for evidence-based programs and interventions⁵

Work with providers to identify treatment goals and take an active role in potential interventions⁵



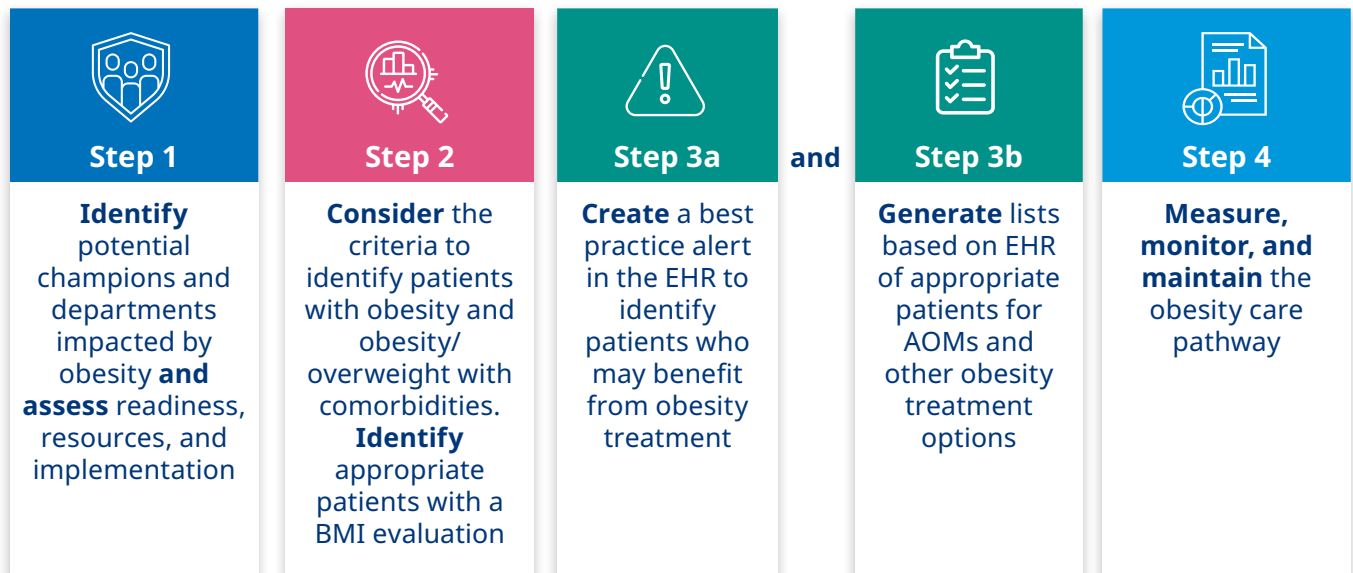
Provide clinical evaluation and diagnosis, as well as recommending treatment and providing ongoing follow-up⁵

Suggest annual screening and weight-reduction incentive programs⁶

Unite healthcare professionals from multiple disciplines to collaborate on patient care⁷

Obesity care pathway implementation and service line development

Below is an example of a framework that may be considered by your health system



Note: Created by Novo Nordisk, leveraging internal Novo Nordisk insights and using the American Medical Group Association (AMGA) Obesity Care Model Playbook.

BMI=body mass index.



There are considerations for health systems for advancing obesity care included on page 9.



Step 1



Identify departments impacted by obesity and potential champions⁸⁻¹⁰

Identify key stakeholders who will participate in the program



It is important to **identify all of the stakeholders** within your health system who may see patients with overweight or obesity



In addition to primary care providers and their healthcare team of nurses, dietitians, behaviorists, exercise staff, and case managers, remember to **consider obesity medicine specialists, bariatric surgeons, and other specialists/service lines (eg, cardiovascular, endocrine, and osteopathic medicine)**. Also, consult with departments such as Clinical Pharmacy, Outcomes, and Information Systems



Establish a champion for the project who can oversee the program implementation

Assess your health system's readiness and resources, as well as the obesity care pathway implementation plan



Assess existing infrastructure (eg, staffing, technology, and training capabilities) needed to support implementation



Early in the process, **engage key stakeholders** who will be a part of the obesity service line, or involved in the care pathway, to evaluate the pathway for feasibility



Map the obesity care pathway by creating a flowchart or diagram that includes key decision points, assessments, interventions (lifestyle, AOMs, and bariatric surgery), referrals, and follow-up steps



Establish scope of initial rollout (eg, pilot clinics or system-wide)



Determine timelines, roles and responsibilities, and communication channels



Actor portrayal.

Step 2



Consider the criteria to identify patients with overweight and obesity with comorbidities¹

BMI should be recorded in a patient’s chart during all visits to the health system.

Establish criteria for patient identification and screening using current guidelines.

<p>Overweight (BMI \geq25-29.9 kg/m²) with at least 1 weight-related comorbidity such as:</p> <ul style="list-style-type: none"> • Hypertension • Dyslipidemia • Type 2 diabetes • Osteoarthritis 	<p>Obesity Classes I-III BMI \geq30 kg/m²</p>
<p>Patients in the above 2 categories may be appropriate candidates for weight-management therapy.¹</p>	

Step 3a



Create a best practice alert in the EHR to identify patients who may benefit from weight-management therapy

Create an EHR **best practice alert** to identify patients for obesity medical management based on obesity treatment approach.¹¹

Sample Alert

 **Consider Obesity Treatment**

The sample alert is applicable when the following patient criteria are noted in the EHR¹¹:

<p>Overweight (BMI \geq25-29.9 kg/m²) with at least 1 weight-related comorbidity such as hypertension, dyslipidemia, type 2 diabetes, and osteoarthritis</p>	<p>OR</p>	<p>Obesity Classes I-III (BMI \geq30 kg/m²)</p>
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Step 3b



Generate lists of appropriate patients for AOMs and other obesity treatment options using EHR

In addition to evaluating patients when they visit their provider as described in Step 2, your health system can proactively capture patients with obesity and overweight with comorbidities that may not have been coded or coded incorrectly by **generating patient lists in your EHR** using the following criteria¹:

<p>Overweight: BMI \geq25-29.9 kg/m²</p>	<p>... and hypertension ... and dyslipidemia ... and type 2 diabetes ... and osteoarthritis</p>	<p>AND</p>	<p>Obesity: BMI \geq30 kg/m²</p>
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It is important to determine a timeframe for generating the lists (eg, every 3 months) so that new patient diagnoses are captured.

See pages 4-6 in Module 2, Know Your Numbers, for the ICD-10 codes associated with obesity and common comorbidities of overweight.



Step 4



Measure, monitor, and maintain an obesity care pathway

To assess the program, including patients who may be candidates for AOMs and other weight-management options, monitor it on an ongoing basis. Remember to **be clear about what you want to achieve and how you will measure it.**

Develop measures ¹²⁻¹⁴	Monitor the evaluation framework ¹²⁻¹⁴	Maintain the pathway and commit to ongoing improvements ¹²
<ul style="list-style-type: none"> • Determine metrics for success, such as assessing the number of patients receiving obesity medical management <p><i>See the next page for more information to support identifying outcomes, benchmarks, and measurements.</i></p>	<ul style="list-style-type: none"> • Monitor, evaluate, and update as needed the best practice alert and generate new patient lists periodically <ul style="list-style-type: none"> – Establish timeframes and goals for assessment • Monitor and evaluate the pathway effectiveness through dashboard metrics 	<ul style="list-style-type: none"> • Determine the appropriate timeframe for reassessment based on institutional standards (eg, annually) • Analyze and interpret data by comparing them with local, state, and national statistics

Step 4 (cont'd)



Establishing outcomes, benchmarks, and measurements

When measuring your obesity care pathway, it is important to set your outcomes, benchmarks, and measurements to determine the metrics for success. The following are **potential examples** of these criteria that you can consider.

Example Criteria

Outcomes	Benchmarks	Measurements
Identification of patients with overweight and at least 1 comorbidity or obesity for the obesity care pathway	Patient identification	<ul style="list-style-type: none"> • Number of patients eligible for appropriate weight management based on BMI and comorbidities • Percentage of patients who have received obesity management
Clinical improvements among patients with overweight and at least 1 comorbidity or obesity	Average weight reduction	<ul style="list-style-type: none"> • Average weight reduction among patients with obesity or overweight and at least 1 comorbidity based on appropriate timelines for evaluation (eg, 3, 6, 9, and 12 months)
Impact on collective obesity at health system , eg, total obesity impact	<ul style="list-style-type: none"> • Total weight reduction • Reduction in BMI • Reduction in comorbid risk • Percent reduction in bariatric surgery rate 12 months after starting an AOM 	<ul style="list-style-type: none"> • Average total weight reduction • Average reduction in BMI • Average reduction in comorbid risk • Average percent reduction in bariatric surgery rate



Actor portrayal.

Act Now: Consider implementing a clinical treatment pathway for obesity management (summary)

Obesity is a serious, chronic disease. In the United States, obesity affects¹⁵:

- 1 in 5 children
- 2 in 5 adults

• Clinical practice guidelines present the essential elements for the management of obesity¹

- They are periodically updated to reflect the most recent clinical data and management pathways



There are considerations for health systems for advancing an obesity care pathway included on pages 10-11 of this presentation.

Considerations for health systems for advancing obesity care

Below are recommendations from the National Heart, Lung, and Blood Institute for primary care providers treating overweight and obesity¹⁶

1.	Measure your patient's BMI	<ul style="list-style-type: none"> • Measure height and weight and apply BMI formula
2.	Measure waist circumference in patients with BMI <35 kg/m²	<ul style="list-style-type: none"> • Waist circumference provides an independent prediction of risk beyond BMI alone
3.	Assess comorbidities	<ul style="list-style-type: none"> • Overall risk should be taken into account. Obesity-associated comorbidities, such as type 2 diabetes and coronary heart disease, place patients at high risk for mortality and will require aggressive management. Others, such as osteoarthritis and stress incontinence, have lower risk but still require treatment
4.	Leverage electronic health record (EHR) systems to identify patients	<ul style="list-style-type: none"> • Establish parameters to identify patients based on BMI, waist circumference, and comorbidities • Program EHR systems accordingly to identify patients with obesity
5.	Does your patient need a weight-management plan?	<ul style="list-style-type: none"> • BMI ≥ 25 kg/m² OR waist circumference >35 in (female) or >40 in (male) AND ≥ 2 risk factors OR BMI ≥ 30 kg/m²
6.	Does your patient want to lose weight?	<ul style="list-style-type: none"> • The decision to lose weight must be made jointly between the physician and patient. Consider your patient's readiness to make lifestyle changes necessary for obesity reduction treatment
7.	Provide instructions for dietary therapy	<ul style="list-style-type: none"> • Caloric intake should be reduced by 500 to 1000 calories per day (kcal/day) from the patient's current level. Dietary therapy includes instructions for modifying diets to achieve this goal
8.	Discuss a physical activity goal	<ul style="list-style-type: none"> • Emphasize the importance of physical activity for your patient's obesity reduction efforts. Physical activity should be slowly increased with care to avoid injury. Recommend a goal of 30 minutes or more of moderate-intensity physical activity on most or all days of the week
9.	Review the weekly food and activity diary with your patient	<ul style="list-style-type: none"> • Recommend that your patients keep a record of their calorie intake and physical activity. Self-monitoring has been shown to be one of the most successful behavioral techniques for obesity reduction and maintenance
10.	Provide the patient with educational resources	<ul style="list-style-type: none"> • A few examples of sources for educational materials include: <ul style="list-style-type: none"> – Centers for Disease Control and Prevention: cdc.gov/obesity/resources/factsheets.html – National Heart, Lung, and Blood Institute: https://www.nhlbi.nih.gov/resources/are-you-healthy-weight-fact-sheet – Rethink Obesity®: rethinkobesity.com/resources.html – Truth About Weight®: truthaboutweight.com/the-science-behind-weight-loss.html
11.	Keep track of your patient's weight and goals	<ul style="list-style-type: none"> • It's important to keep track of the goals you and your patient have agreed upon and discuss them with the patient at follow-up visits

Practical approaches for healthcare professionals in an obesity care pathway¹⁷



Ask permission before discussing obesity with your patient

Asking permission is a respectful and strategic way to broach a sensitive topic. Consider beginning the conversation with questions.

- “Your weight has been increasing over the years, which could lead to diabetes and other health problems. Would it be okay if we started working together on this?”
- Consider adding a question to the patient intake form such as, “Would you like to discuss your weight today?”



Be systematic in the clinical workup

Advising patients to eat less and exercise more is unhelpful. A clinical problem-solving approach should be used.

- Elicit a weight history and explore the patient’s weight trajectory, what has contributed to weight gain, what has or has not worked in the past, and barriers that may get in the way of sustained behavioral changes
- Medications that may cause weight gain include some antidepressants, antipsychotics, insulin, sulfonylureas, steroids, and pain medications



Counseling and support improve obesity reduction perceptions and outcomes

Support motivation by appealing to patients’ interests, values, and preferences, as well as by managing expectations.

- A wide range of dietary patterns can help in weight management
- Physical activity, even just walking, is essential for health
- Use free online tools and resources, such as the Dietary Guidelines for Americans, obesity treatment guidelines, and the Diabetes Prevention Program curriculum and handouts

The components of this pathway are aligned with available clinical guidelines and reflect a practical approach to obesity management for health systems and providers.



Determine health status¹⁷

Evaluate patients for weight-related health conditions (eg, diabetes, hypertension, sleep apnea, osteoarthritis), disability, and impaired quality of life, so that the intensity of treatment can be aligned with the severity of disease



Escalate treatment when appropriate¹⁷

Consider addition of FDA-approved AOMs or bariatric surgery in patients with overweight or obesity and weight-related conditions



Follow up regularly and leverage available resources¹⁷

Frequent counseling is essential, but providers do not need to handle this alone.

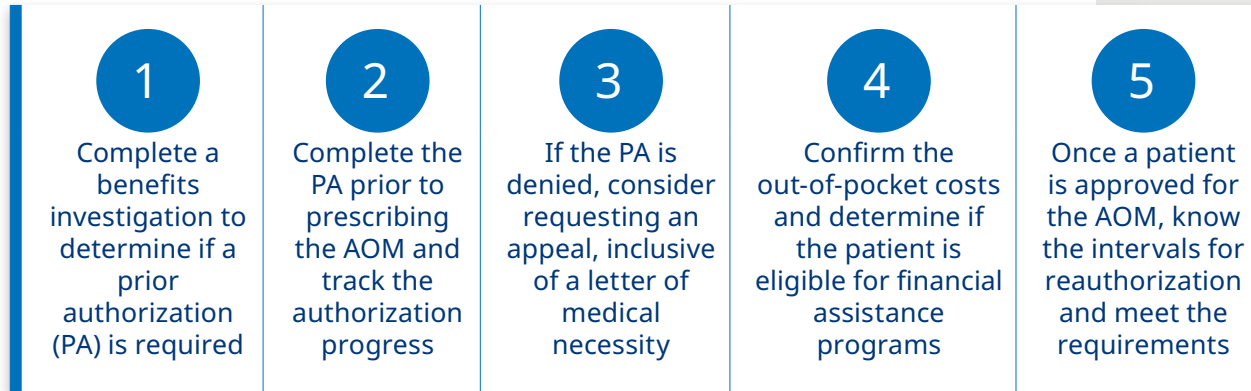
- Create a care team by identifying local obesity specialists (eg, obesity medicine physicians, registered dietitians), community programs (eg, YMCA-based diabetes prevention program), and other resources (eg, commercial weight-loss programs, health coaches, digital or telehealth platforms)
- A few minutes at the end of an unrelated appointment can be used to check in on patients' progress and to offer support
- Save time by using medical assistants and other office staff to assist with patient education, monitoring, and coordination of care

Instead of using the term “obese” with patients, use a neutral term such as “unhealthy weight.” It is generally preferred and may help patients with obesity feel supported and empowered in their weight-management efforts.¹⁸

Support for health plan coverage of AOMs

Information to help navigate the access process for patients prescribed an AOM

There are several steps that your providers may need to complete before a patient is prescribed an AOM



Following these steps may help to ensure that your patient is prescribed an AOM and can continue their treatment.



Tips for conducting a benefits investigation and completing a PA



A thorough benefits investigation will help determine the specific requirements put in place by payers based on the patient's specific plan benefits, including any coverage requirements/precertification, medical documentation, and referral restrictions



Identify whether a PA, precertification, or referral is necessary

- It is important to be accurate with diagnostic codes on the PA, such as those mentioned in Module 2



Submit the PA and other required documentation directly to the payer

- Be mindful to complete all the information accurately or the PA may be denied



Request a processing time frame and monitor progress. Be sure to confirm the PA is approved before prescribing an AOM to the patient

Remember that all payers are unique. Some may have specific PA or precertification forms that must be completed. Be sure to check with the patient's insurance.

Information on requesting an appeal for a denied PA



There are occasions when a physician may want to prescribe a medication outside of a payer's standard coverage policy. An appeal communicates a physician's request to use a medication that is not covered due to a patient's individual circumstances



An appeal is typically more complex than a PA. On appeal, physicians may want to submit specific patient documentation, a letter of medical necessity, and any additional information about a patient's medical history to support the request to reverse the initial denial of coverage



Be sure to properly submit the appeal (by phone, fax, email, or website) and track the status of the request



Some states have legislation requiring payers to respond to an appeal request within a certain time frame



When submitting the appeal, you may request a peer-review conversation to communicate insights from consultants or other medical professionals that support your treatment choice

The components of a letter of medical necessity include background on a patient's diagnosis, clinical justification for supporting the AOM of choice, and a medical evaluation of potential consequences if the AOM is not prescribed.

Actor portrayal.



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