

Actor portrayal.



# the weigh forward ▶

MODULE 4

**Case Studies and Resources**  
for Patients, Providers, and Health Systems





Actor portrayal.



## Case Studies

### Advocate Aurora Health<sup>1</sup>

**Intervention:**

Piloted at a primary care clinic in Germantown, Wisconsin, targeting adults with BMI >30

**Outcome:**

Increase of ~20% in obesity diagnoses in patients with Class II and Class III obesity

### Cleveland Clinic<sup>2</sup>

**Intervention:**

Piloted the OCMC at a family health center targeting adults with BMI  $\geq$ 30

**Outcome:**

55% of patients with Class III obesity diagnosed with obesity (vs 39% before the pilot)

### Confluence Health<sup>3</sup>

**Intervention:**

Piloted the OCMC at 3 separate family-physician practices in Washington State

**Outcome:**

Absolute weight reduction of 7.1%, with implications for health system costs

### Mercy East<sup>4</sup>

**Intervention:**

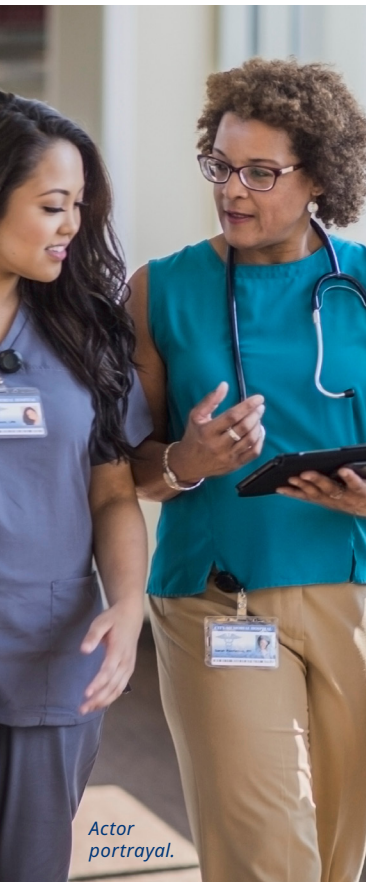
Piloted the OCMC with a direct-contract employer at 3 primary care offices in St Louis, Missouri

**Outcome:**

AOM prescribing rose by ~6% to ~9% for patients with Class II obesity and by ~12% to ~14% for patients with Class III obesity

**Lessons Learned:** Obesity is a multifactorial disease that requires an integrated approach.<sup>1</sup>

AOM=anti-obesity medication; BMI=body mass index; OCMC=Obesity Care Model Collaborative.



Actor portrayal.

# Advocate Aurora Health<sup>1</sup>

One of the 10 largest not-for-profit integrated health systems in the United States

Starting place	Intervention	Outcomes
<ul style="list-style-type: none"> <li>Increases in BMI were correlated with higher healthcare costs</li> <li>Decreases in weight had a measurable effect on cost reduction</li> </ul>	<p>Pilot program at a primary care clinic targeting adults with BMI &gt;30 kg/m<sup>2</sup></p> <ul style="list-style-type: none"> <li>Trained weight-management navigators who address barriers to weight management during primary care visits</li> <li>Built a “smart set” for BMI in the EHR to provide patient education and resources and to order referrals</li> <li>Increased staff awareness of obesity treatment through CME and clinical events</li> </ul>	<ul style="list-style-type: none"> <li>Approximately 20% increase in obesity diagnoses in patients with Class II and III obesity</li> <li>Approximately 30% to 45% of targeted patients lost weight</li> </ul>

**Lessons Learned:** Obesity is a multifactorial disease that requires an integrated approach.<sup>1</sup>

# Cleveland Clinic<sup>2</sup>

A 100-year-old health system

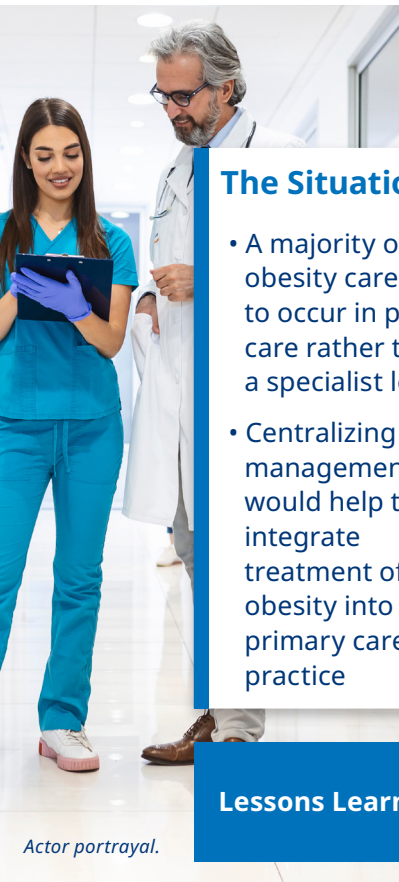
The Situation	Intervention	Outcomes									
<ul style="list-style-type: none"> <li>Physicians are unfamiliar with weight-reduction approaches and feel unequipped to discuss them</li> <li>Physicians focused on other health conditions, not obesity</li> </ul>	<p>Pilot program at a family health center targeting adults with BMI ≥30 kg/m<sup>2</sup></p> <ul style="list-style-type: none"> <li>Diversely trained weight-management navigators to address barriers to weight management</li> <li>Built a BMI “best practice alert” to flag patients with BMI ≥30 kg/m<sup>2</sup> who did not have a documented diagnosis of obesity</li> <li>Implemented weight-management shared medical appointments and paired physicians with a dietitian, physical therapist, health coach, and certified diabetes educator</li> <li>Included patients and family advocates in the care team</li> </ul>	<table border="1"> <caption>Outcomes Data</caption> <thead> <tr> <th>Category</th> <th>Baseline</th> <th>After pilot</th> </tr> </thead> <tbody> <tr> <td>Patients with Class III obesity with an obesity diagnosis</td> <td>~38%</td> <td>~55%</td> </tr> <tr> <td>Patients with normal weight</td> <td>~10%</td> <td>~15%</td> </tr> </tbody> </table>	Category	Baseline	After pilot	Patients with Class III obesity with an obesity diagnosis	~38%	~55%	Patients with normal weight	~10%	~15%
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Patients with Class III obesity with an obesity diagnosis	~38%	~55%									
Patients with normal weight	~10%	~15%									

**Lessons Learned:** A diverse clinical team is important for overcoming barriers and implementing weight-management interventions.<sup>2</sup>



Actor portrayal.

CME=consulting medical education; EHR=electronic health record.



# Confluence Health<sup>3</sup>

A rural, 2-hospital, 270-physician system

## The Situation

- A majority of obesity care needs to occur in primary care rather than at a specialist level
- Centralizing weight management would help to integrate treatment of obesity into primary care practice

## Intervention

- Pilot program at 3 separate family-physician practices
- Established referral processes for specialty departments seeking help for preoperative optimization
- Purchased specialized equipment to prepare clinics for new treatment approaches
- Physician champions provided consultation and “shadowed” on patient visits to ensure a consistent approach
- Provided education on use of AOMs
- Created an ICD-10 coding tip sheet for all providers

## Outcomes

- Absolute weight reduction of 7.1% with implications for health-system costs
- AOM prescribing increased (an indicator of provider behavior change)

**Lessons Learned:** Ongoing reinforcement of consistent and evidence-based approaches can help to defuse resistance to change.<sup>3</sup>

Actor portrayal.

# Mercy East<sup>4</sup>

An 8-hospital, 800-physician integrated delivery system

## Starting place

- Seeking to be the first integrated delivery system in its market to bring obesity care to the forefront of primary care
- A centralized program for obesity would anchor various weight-management services
- Cross-disciplinary expertise would be important for promoting obesity care

## Intervention

- Medical weight-management clinic with a direct-contract employer at 3 primary care offices
- Set up an EHR alert for counseling and referral to the weight-management clinic for patients with a BMI  $\geq 30$  kg/m<sup>2</sup>
- Hired an office navigator, nurse practitioner, and dietitian to provide an extra level of care
- Enlisted patients who lost 80 to 100 pounds at the clinic to speak at classes and to provide support to others

## Outcomes

- AOM prescribing rose by ~6% to ~9% for patients with Class II obesity and by ~12% to ~14% for patients with Class III obesity
- More than ¼ of patients in each class of obesity moved into a lower class

**Lessons Learned:** The obesity clinic initiative helped to increase appropriate AOM prescribing.<sup>4</sup>



Actor portrayal.

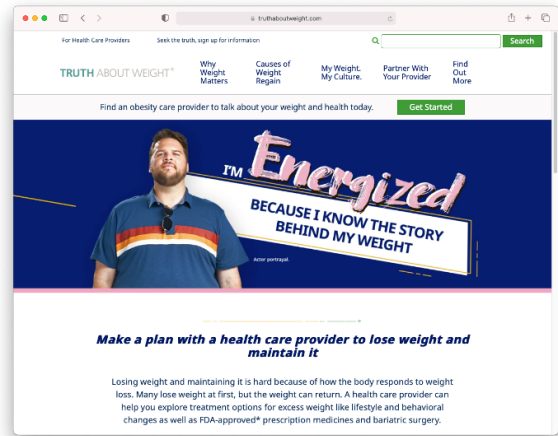


# Resources for patients

## Truth About Weight® website

Newly updated and enhanced, the Truth About Weight® website provides a wealth of information and resources about obesity and the benefits of weight management. Topics include:

- **Why weight matters**, detailing the relationship between excess weight, obesity, and health
- **Causes of weight regain**, including why the body's response to weight reduction may make it more difficult to maintain progress
- **Get started with My Weight, My Culture.** As many healthcare professionals know, there's a science behind weight reduction, but many may not know the impact that culture has on weight-reduction needs
- **Tips for partnering with your provider** to discuss weight goals and create a weight-management care plan
- **Information about coverage and access** to help people better understand their insurance policy and how it relates to weight-management care
- **Real stories** (including videos) of people with obesity in which they share their experiences and learnings




Visit [www.truthaboutweight.com](http://www.truthaboutweight.com) for more information

Specifically developed for the patient audience, this website can help you explain weight-management options, including diet, AOMs, and bariatric surgery.

## Novo Nordisk offers resources for individuals with obesity on their Truth About Weight® website



TrueWeight® Report



Weight-Management Plan



Truth About Weight® Brochure




Take Your First Step Towards Weight Loss Booklet



Weight-Management Guide



Weight Journal



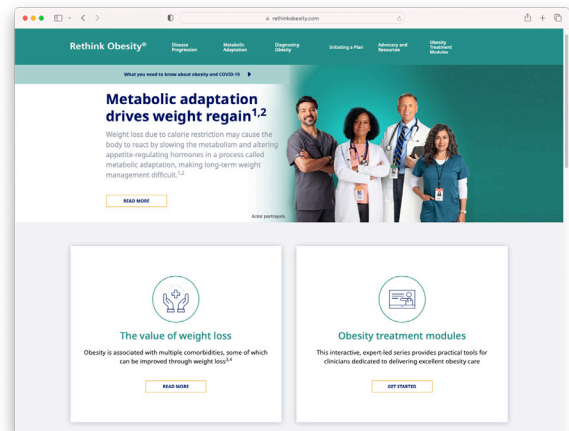
Visit the resource library  
<https://www.truthaboutweight.com/coverage-and-access-to-obesity-care/weight-loss-journey-tools.html>

# Resources for providers

## Rethink Obesity® website

The Rethink Obesity® website provides a wealth of information about obesity and its management through a provider lens. Topics include:

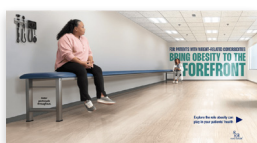
- **Disease progression**, detailing that obesity is a chronic and progressive disease that requires long-term medical management
- **Metabolic adaptation**, including patients' ability to maintain weight reduction, highlighting the metabolic and hormonal responses
- **Diagnosing obesity**, since it remains undertreated, and providing case studies to showcase this
- **Initiating a plan** to help patients discuss their different treatment approaches and knowing all the available options
- **Advocacy and resources** from leading obesity care experts
- **Obesity treatment modules** that guide providers throughout the stages of patient care, offering discussion guides, practical tools for creating a treatment plan, and guidance on controlling weight regain with your patients



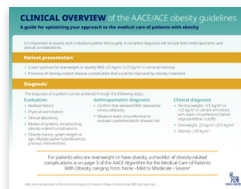
Visit [www.rethinkobesity.com](http://www.rethinkobesity.com) for more information

Specifically developed for the provider audience, this website can help provide further education on disease progression, metabolic adaptation, and diagnosing obesity.

## Novo Nordisk offers resources for providers on their Rethink Obesity® website



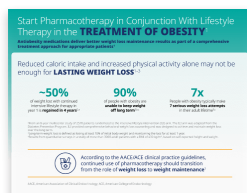
Comorbidities of obesity brochure



Overview of the AACE/ACE obesity guidelines



Metabolic adaptation flash card



Pharmacological treatment options flash card



The impact of culture on weight flash card



Visit the resource library  
<https://www.rethinkobesity.com/advocacy-resources/obesity-resource-library.html>

# Health system resources on Novo Nordisk WORKS™

## Resources for employers, health systems, payers, and formulary decision makers

### Learn about the impact of obesity on your organization

- Illustrates the science of obesity and the benefits of appropriate management

### How you can take action

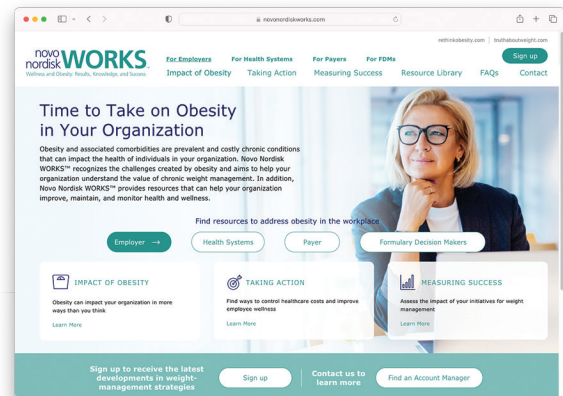
- Appropriate management of obesity requires access to all treatment modalities

### Measuring success

- Learn how to develop and implement a measurement plan for outcomes associated with your weight-management program

### Resource library

- Educational resources and tools designed to help achieve positive outcomes for weight reduction and management within the organization



# Resources for advancing obesity care considerations for health systems

## Each guide focuses on a set of specific steps for the health system

- **Prioritizing obesity care within a health system**, by using electronic health records (EHR) to measure the burden of obesity, and improve obesity health literacy among care providers
- **Developing an obesity care pathway**, by establishing an obesity care committee, reviewing evidence-based obesity guidelines, and assessing the current state of obesity care within the system
- **Implementing an obesity care pathway and its service line development**, by developing a systemic obesity education campaign and integrating the obesity pathway into the EHR
- **Elevating obesity care in health systems and building a community presence**, by further enhancing EHR integration, building the program's community presence, seeking accreditation for the obesity program, and participating in research initiatives, as well as creating awareness of the obesity care center



**Prioritizing obesity care within a health system**



**Approaches for developing an obesity care pathway**



**Obesity care pathway implementation and service line development**



**Elevating obesity care in health systems**



To obtain these resources, reach out to your account manager or visit [www.novonordiskworks.com](http://www.novonordiskworks.com)



**References:**

1. AMGA. Obesity Care Model Collaborative: case study. Advocate Aurora Health. Accessed February 1, 2024. <https://www.amga.org/AMGA/media/PDFs/Performance%20Improvement%20and%20Publications/Best%20Practices%20and%20Analytics/Learning%20Collaboratives/Obesity%20Care%20Model/Case-Studies/aurora.pdf>
2. AMGA. Obesity Care Model Collaborative: case study. Cleveland Clinic. Accessed February 1, 2024. <https://www.amga.org/AMGA/media/PDFs/Performance%20Improvement%20and%20Publications/Best%20Practices%20and%20Analytics/Learning%20Collaboratives/Obesity%20Care%20Model/Case-Studies/cleveland.pdf>
3. AMGA. Obesity Care Model Collaborative: case study. Confluence Health. Accessed February 1, 2024. <https://www.amga.org/AMGA/media/PDFs/Performance%20Improvement%20and%20Publications/Best%20Practices%20and%20Analytics/Learning%20Collaboratives/Obesity%20Care%20Model/Case-Studies/confluence.pdf>
4. AMGA. Obesity Care Model Collaborative: case study. Mercy Clinic East Communities. Accessed February 1, 2024. <https://www.amga.org/AMGA/media/PDFs/Performance%20Improvement%20and%20Publications/Best%20Practices%20and%20Analytics/Learning%20Collaboratives/Obesity%20Care%20Model/Case-Studies/mercy.pdf>

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