Increasing Access to Obesity Care through a Primary Care-Based Model

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THE UNIVERSITY *of* NORTH CAROLINA *at* CHAPEL HILL

Getting Scientific Breakthroughs into OUR Communities

Decentralized Comprehensive Obesity Care (2019)

- ABOM certified PCPs
- UNC Primary Care Network

Learning Objectives:

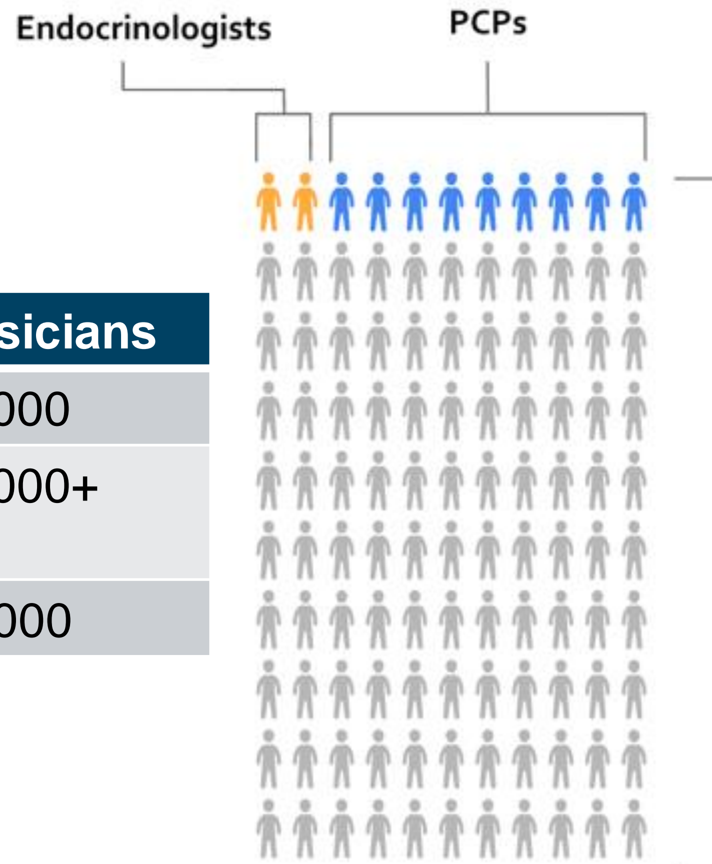
- Discuss Obesity Disparities in NC
- Discuss **BARRIERS** to obesity care & **STRATEGIES** to decrease barriers
- Discuss impact of ABOM certified clinicians in low resourced settings

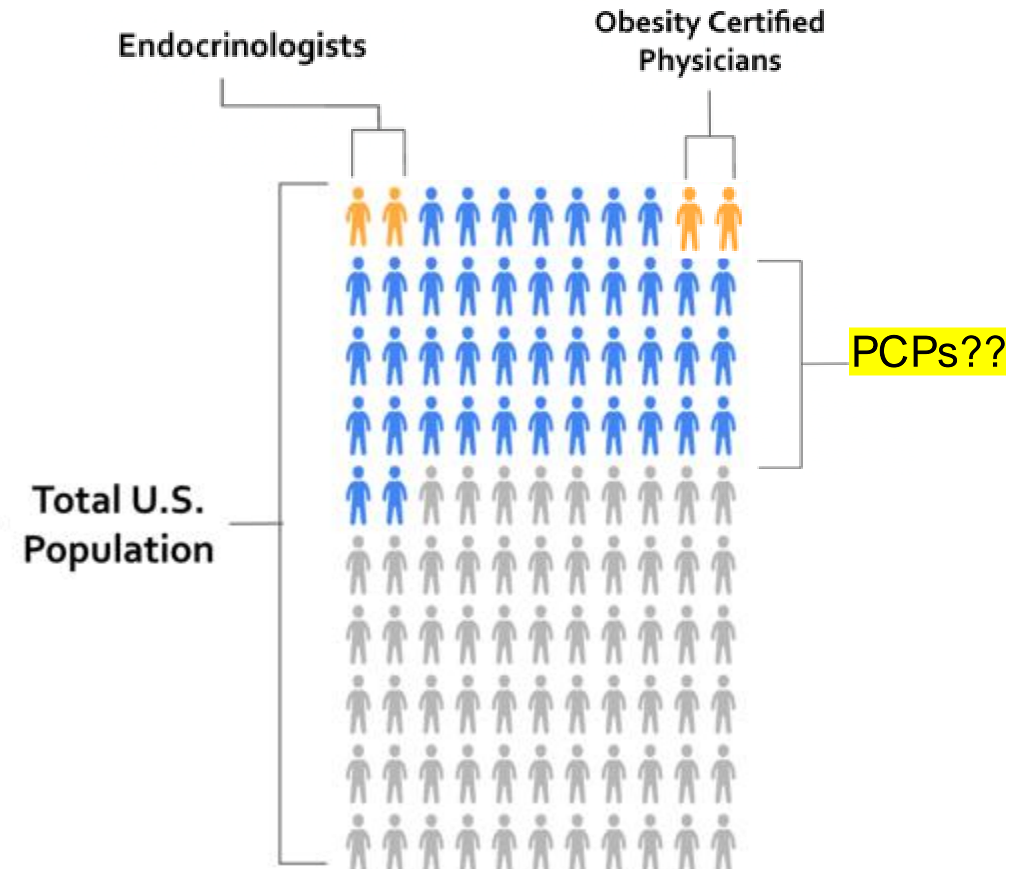
"Mary" 42 y/o F
BMI 76 (406 lbs), HTN, HLD, OSA, Pre-DM, MAFLD, Knee OA

- Small Town NC
- Married, Mother of 3 kids, can't work due to weight
- **No coverage**:
  - Bariatric Surgery
  - GLP1 drugs
  - Nutrition Counseling Services
- Specialty WM clinic:
  - Can't afford specialty copays every two months ($80)
  - Can't afford Hospital Facility Fees ($280)
  - Mandatory Nutrition visit ($250)
  - REFUSES to go back
- **So WHERE can she get obesity care?**

WHO SHOULD TREAT OBESITY?

Specialist	# Physicians
Endocrinologist	~ 9000
ABOM Physicians	~ 10,000+
PCPs	~527,000





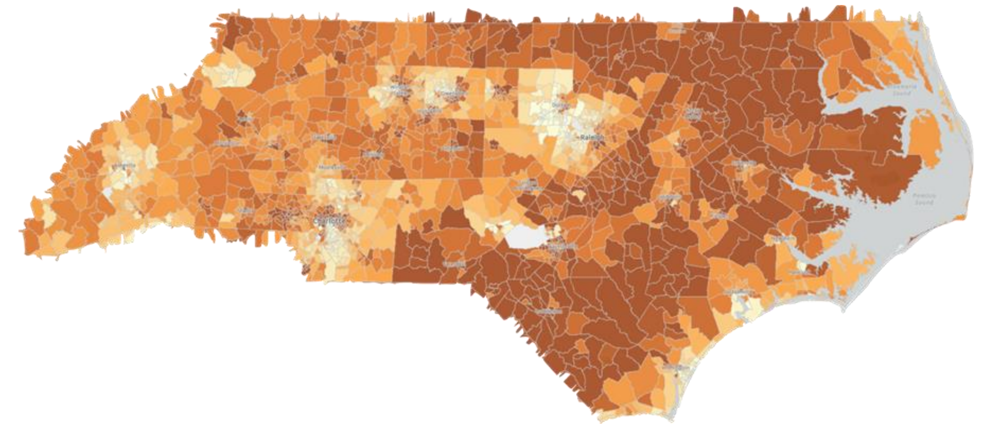
https://www.statista.com/statistics/209424/us-number-of-active-physicians-by-specialty-area/
https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/state-of-primary-care-workforce-2023.pdf

North Carolina Obesity Statistics

- Obesity rate in NC: 34.1%
- NC: 2nd largest population in US living in rural areas (3.4mil)
- NC Obesity Disparities:

	BMI ≥30
Urban	32.6%
Rural	39.7%
White	31.3%
Black	45.7%

Prevalence of Obesity in NC

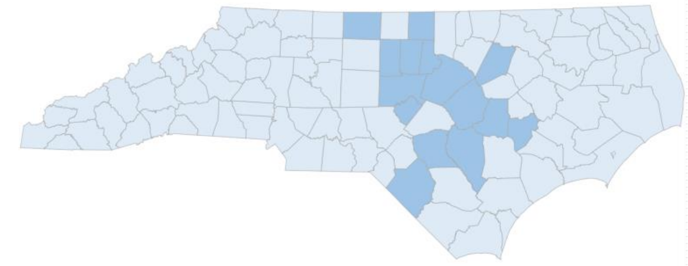


Obesity disproportionately affects the socially vulnerable, rural, and minoritized communities

[i] America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2024
[ii] Nation's Urban and Rural Populations Shift Following 2020 Census

UNC Physicians Network
Community Practice Arm of UNC Health

	# Clinics	# Patients	# NC Counties	# Patients BMI > 40
Primary Care	83	350,000	16	27,000
Specialty	43	190,000	16	14,500
TOTAL		**540,000**		**41,500 (7.7%)**



As an institution, how do we provide equitable access to obesity care for the masses?

UNC Health Analytics Data as of October 2024

"The impact of obesity is felt acutely across North Carolina at inpatient and outpatient centers of UNC Health daily."

"Specialty care cannot serve as the main access point for scalable weight management interventions."

Lynne Fiscus, MD, MPH

President & CEO

UNC Physicians Network

Barriers to Weight Management Services

Patient Barriers:

- **COST:**
  - Specialty copays
  - Hospital Facility Fees
  - Commercial Weight Loss Programs
- **Geography**
- **Time Burden:**
  - Dietician
  - Physical Therapy
  - Intensive Beh.Therapy (26 sessions/year)

Healthcare System Barriers:

- **Specialty Obesity Clinic:**
  - Lack capacity
- **Primary Care Clinics:**
  - PCPs lack training and time
  - Lack Structure/ Capacity
- **Health Insurance:**
  - Poor GLP1-RA coverage
  - Poor Nutrition Counseling coverage

Tronieri JS, Wadden TA, et al, Primary Care Interventions for Obesity: Review of Evidence, curr Obes Rep. 2019;8(2):128-136

Reducing Barriers: Pilot Weight Management Program 2019

Barriers	UNC Solutions
Specialty Obesity Care: Lack capacity	Primary Care Footprint (83 Primary Care Clinics)
Specialty Copays, Hospital facility fees, Commercial WM programs fees	Primary Care Copays
PCPs lack Obesity Medicine TRAINING	PCPs with ABOM Certification in existing primary care sites
PCPs lack TIME	More time (WM visits)
Geographical Challenges	Providing WM services within local communities
Time Burden (Patients) (Intensive Beh Therapy 26/yr))	4 visits: 6% Weight Loss 8 visits: 10% Weight Loss

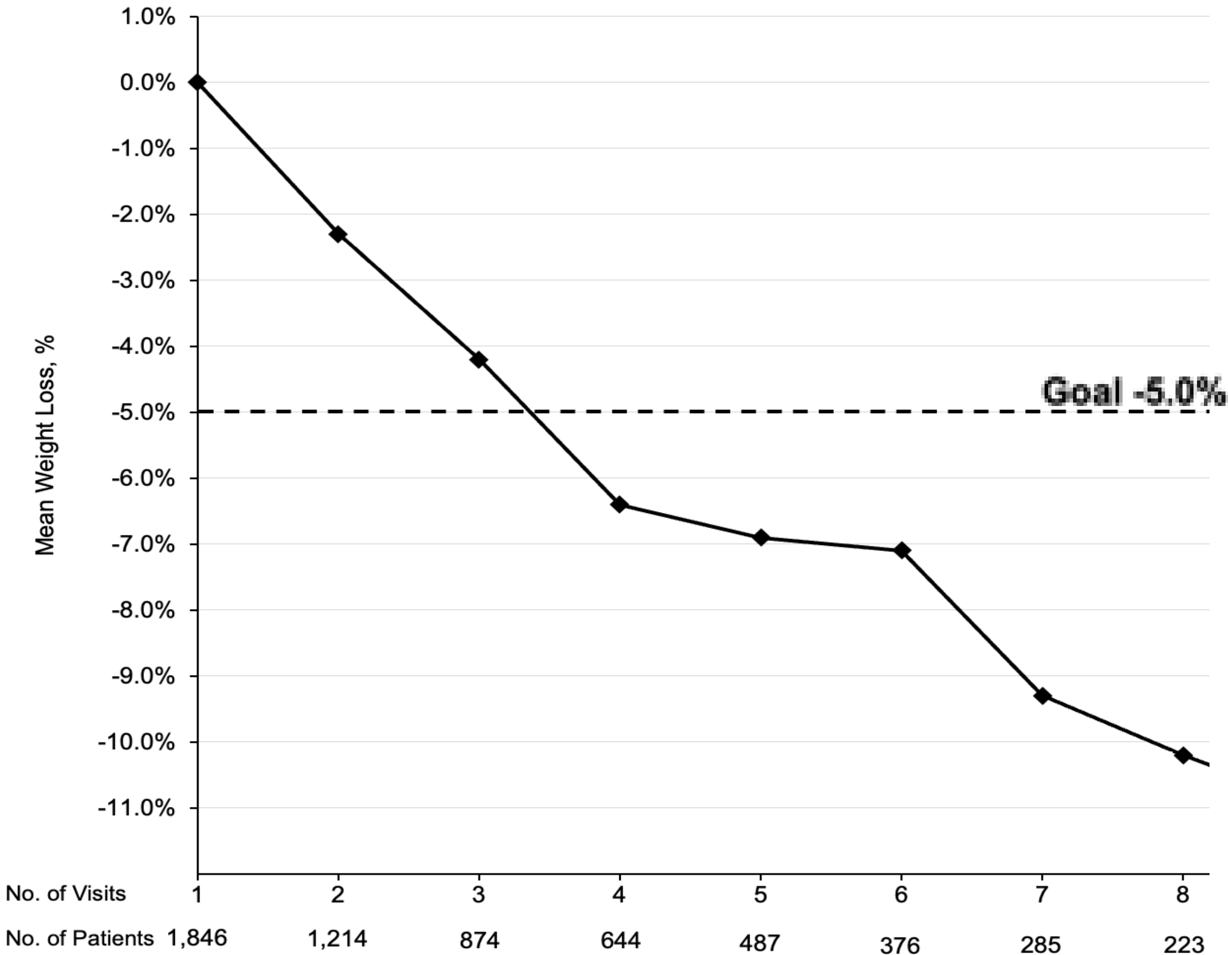
- Launched Pilot Community-based WM Program:
  - 3 ABOM-Certified PCPs
  - 3 Primary Care Clinics
- Foundation WM Program
  - Accessible Pharmacotherapy
  - Simplified Evidence-Based Lifestyle Counseling Strategies
- UNC Institute for Healthcare Quality Improvement (IHQI)
  - Implementation
  - Patient Registry (IRB Approved)

UNCPN Weight Management Program Results (2019-2024)

UNCPN Weight Management Program
Patient Baseline Characteristics 2019-2024

Characteristic	Total N=1846	UNC Health	North Carolina
Age, mean (SD), Years	52 (13.9)		
BMI, mean (SD)	40 (8.2)		
Weight, mean (SD), lbs	246 (57.1)		
Female, No. (%)	1526 (83%)		
White No. (%) Non-Hispanic	1200 (64.9%)	64.8%	60%
Black No. (%) Non-Hispanic	471 (25.5%)	21.7%	21%
Hispanic No. (%)	123 (6.7%)	6.1%	11%
Asian No. (%)	30 (1.6%)	3.5%	3.6%

UNCPN Weight Management Program 2019-2024
Weight Loss % vs. Number of Visits



N=1846
4th visit: Av. ~6% Weight Loss
8th visit: Av. ~10% Weight Loss

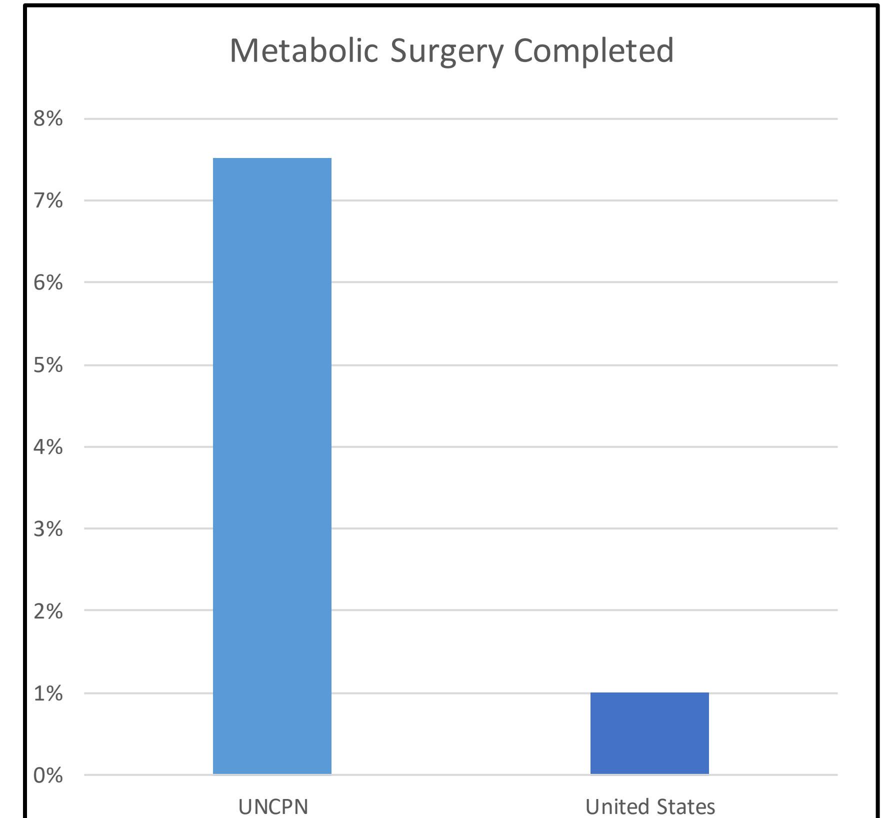
Change in Weight/BMI for Patients with $\geq$4 Visits (2019-2024)

	Total Patients with $\geq$ 4 Visits (N=651) Mean (SD)
Avg 1st BMI (Kg/m^2)	39.8 (SD 7.7)
Avg Last BMI (Kg/m^2)	37.1 (SD 7.7)
Change in BMI	-2.7
Avg 1st Weight (lbs)	242 (SD 54.4)
Avg Last Weight (lbs)	225 (SD 53.2)
Change in Weight	-16.4
> 5% Weight Loss	58% (380/651)
> 10% Weight Loss	35% (233/651)

Table 4: Commonly used Anti-Obesity Medications in our WM Program (FDA approved and Off Label)

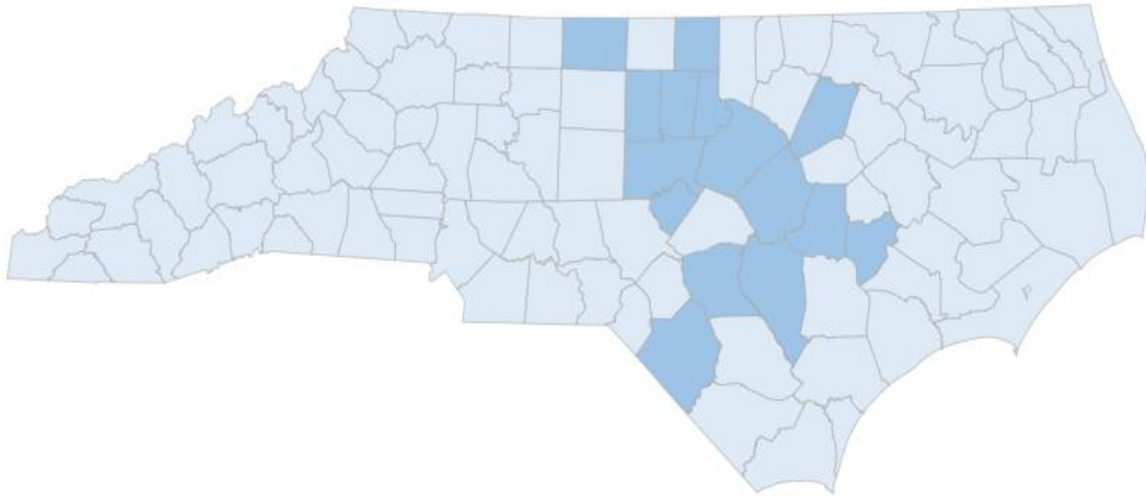
(To lower cost for our patients, separate generic medications were used instead of FDA approved combination medications)

Anti-Obesity Medications	Number of Prescriptions Filled
Metformin	1146
Topiramate	912
Semaglutide	775
Bupropion	569
Phentermine	386
Liraglutide	312
Tirzepatide	186
Empagliflozin	94
Naltrexone	92
Dulaglutide	58
Phentermine/ Topiramate ER	51
Bupropion/ Naltrexone	33
Dapaglifozin	21
Diethylpropion	1
Orlistat	1

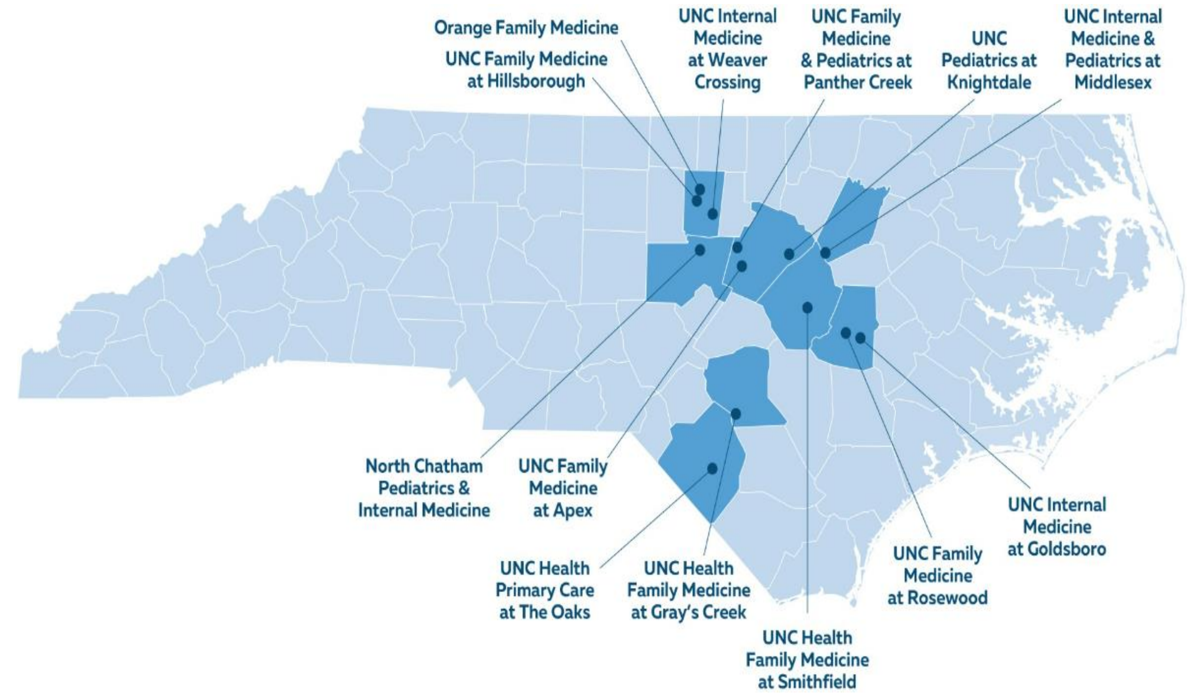


Clapp, Benjamin et al. Surgery for Obesity and Related Diseases, Volume 20, Issue 5, 425 - 431

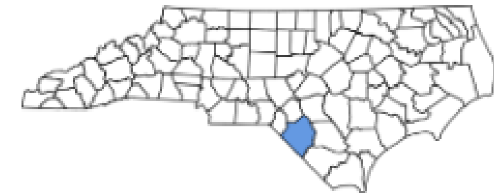
83 UNCPN Primary Care Clinics (16 Counties)



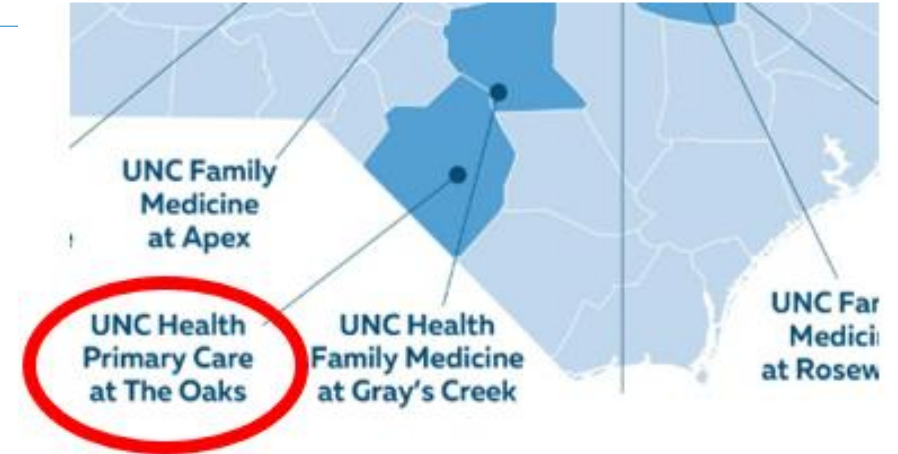
13 UNCPN Weight Management Clinics (8 Counties)



Robeson County, NC



- Ranks the LOWEST in health outcomes in NC:
  - Highest Obesity Prevalence
  - Lowest Life Expectancy
  - Lowest Quality of Life
- No Weight Management Resources
- January 2024
  - Obesity Certified PCP in Robeson County
  - UNCPN WM Program Resources:
    - Epic clinical tools
    - Patient Education tools
    - Clinical Training/ Shadowing
    - 1:1 Mentorship
    - Monthly Obesity Education Conference
    - Immediate Impact:
      - Obesity Med Knowledge—PCPs⬆
      - Obesity Champion
      - Furthering reach WM principles

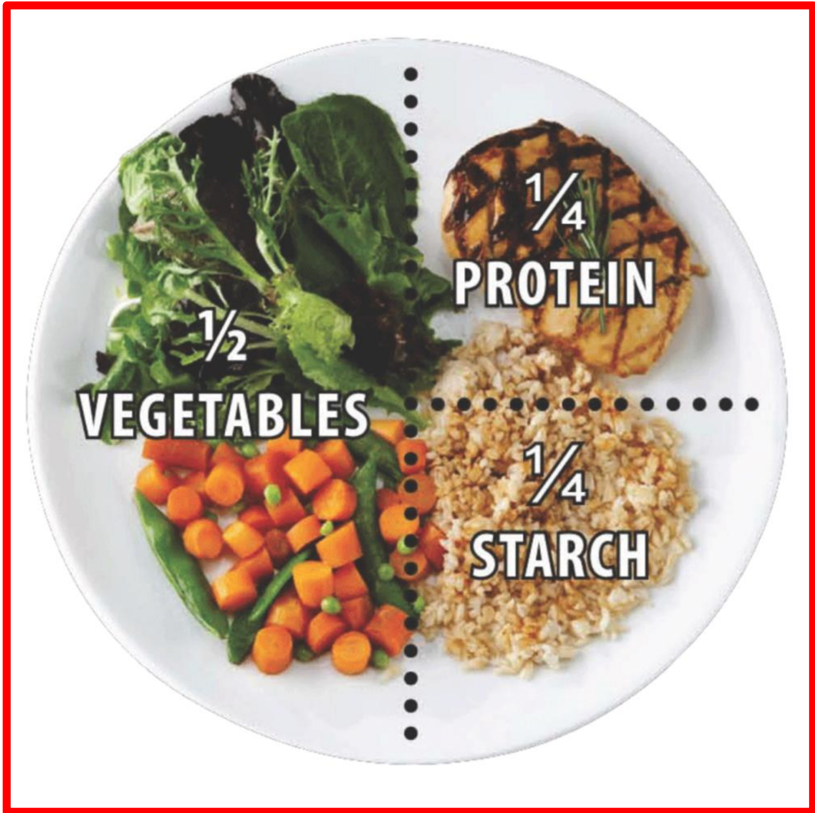


	Robeson County	NC	U.S
Adult Obesity	45%	36%	34%
Life Expectancy	72.8	78.1	77.5
Adults in Poor Health	31.2%	18%	19.5%
Diabetes Type 2	16.9%	11%	10.4%

https://www.countyhealthrankings.org/health-data/north-carolina/robeson?year=2024

If Lifestyle Change is the FOUNDATION of Obesity Care…

- And many lack access to Nutrition & Behavioral Counseling services…
- How do we get our patients from HERE to THERE?



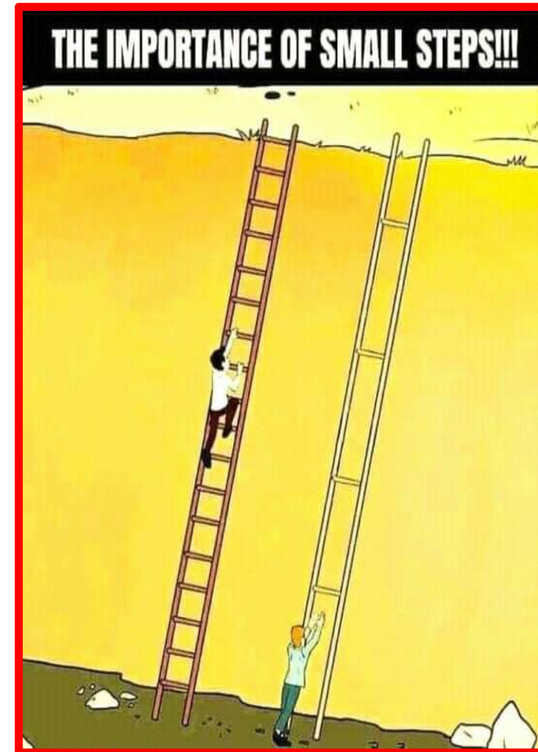
What Advice do PCPs give to Patients with obesity to lose weight? A qualitative content Analysis of 159 recorded interactions

- Dominant Approach:
  - Generic message: Eat less carbs, Move more
  - Not tailored to pts' existing knowledge or behaviors
  - Scientifically unsupported
  - Pts say generic advice UNHELPFUL
- Conclusion:
  - Clinicians need clear guidelines on WHAT TO SAY to patients with obesity about weight loss. (Evidence-based, Personalized, Specific, Effective).

Tremblett, M., Poon, A. Y., Aveyard, P., & Albury, C. (December 2022). *Family Practice*. https://doi.org/10.1093/fampra/cmac137

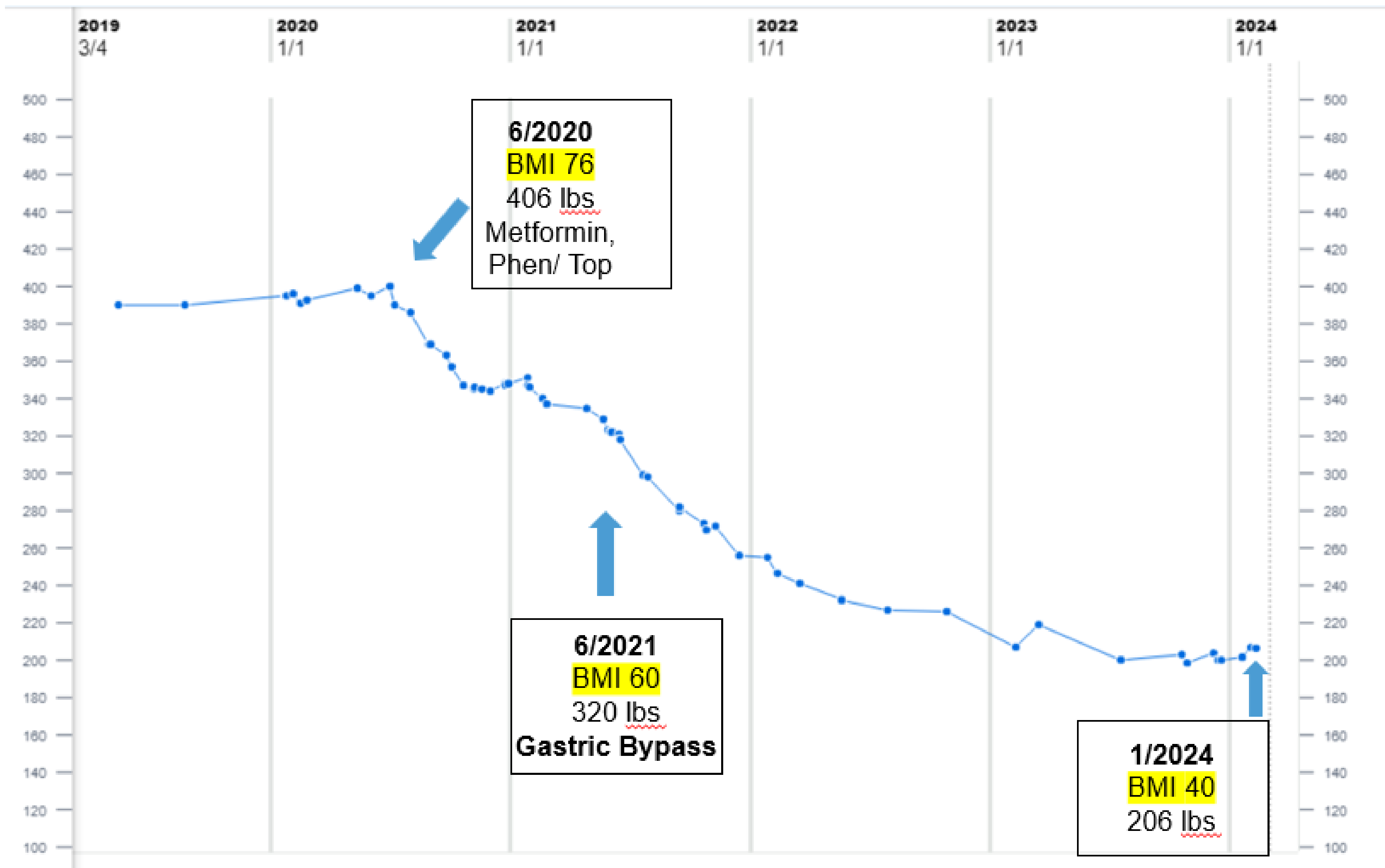
Simplified Lifestyle Counseling Approach

1. Comprehensive Lifestyle Inventory Form
2. Link high consumption of Ultra Processed Foods (UPF) to patients' metabolic health and obesity.
3. **Small Steps** to decrease UPF consumption:
   - Simple "Food" Language
   - Avoiding abstract nutrient language (polyunsaturated fat)
   - Specific, Measurable, Achievable, Relevant, Timely (SMART)
     - Swap 3 cans Soda/day to 1 can Soda/day
4. Cost sensitive
5. Culturally appropriate
6. **All team members trained in same approach**
   - WM Clinicians, RDs, CPPs, LCSW, (PCPs)



Modify with InsShu L, Zhang X, Zhou J, Zhu Q, Si C. Ultra-processed food consumption and increased risk of metabolic syndrome: a systematic review and meta-analysis of observational studies. Front Nutr. 2023 Jun 9;10:1211797. doi: 10.3389/fnut.2023.1211797. PMID: 37360294; PMCID: PMC10288143.

Mary 42 y/o F BMI 76 (406 lbs)



Population Level Obesity Treatment (Based on Severity of Comorbidities) UNC Health Model

HIGHEST RISK:

ABOM certified Endocrinologists (within 4 wks)

BMI >30 with one of the following:

- Pre-Organ transplant
- Idiopathic Intracranial HTN
- Severe CHF/ LVAD
- Post-bariatric surgery
- T1DM (12 wks)

MODERATE RISK:

ABOM certified PCPs(within 3 mos)

BMI >30 with one of the following:

- CVD
- CKD
- T2DM
- OSA
- MAFLD/ MASH/ Cirrhosis
- Pediatric Obesity
- Pre- surgery weight loss

Comprehensive & Longitudinal Care

LOW RISK:

Primary Care Clinicians

- BMI 27-32 w/o comorbidities
- **Weight Prioritized Visits**
- Simplified Questionnaire & Treatment Guided Pathway for PCPs
- Obesity Medicine Education Modules

Expanding the Reach & Impact of Weight Management Program

- **Obesity Education Conference**
  - Monthly virtual series
  - For community clinicians (>200)
  - Topics:
    - Pharmacotherapy, Effective LS counseling strategies MAFLD, PCOS, Post-Bariatric Surgery care for PCPs, Pediatric Obesity 101, Obesity Disparities, OSA, Binge Eating Disorder….
  - Sponsored by:
    - UNC Physicians Network WM Program
    - UNC School of Medicine WM Program

- **Advocacy Work in the State of NC**
  - NC Medicaid Anti-Obesity Medication coverage age>12
    - August 1, 2024
  - NC Medicaid Nutrition Counseling Coverage
    - Letter writing campaign

Lessons Learned

1. Obesity **disproportionately** affects socially vulnerable, rural and minoritized communities
2. Accessible Anti-Obesity Medications + Evidence-based Simplified Lifestyle Interventions improve health and promote weight loss
3. Healthcare Systems (HCS) need a PARADIGM SHIFT in obesity care:
   - Specialty Clinics in HCS **cannot** serve as main ACCESS point for scalable WM services
   - **REDUCING BARRIERS** and adding **Decentralized Network** of trained obesity clinicians in local communities are essential in increasing access to all populations.

Primary care-based model increases ACCESS to obesity care for ALL

Thank You!
It Takes a Village

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