

Promoting Healthier Weight in Adult Primary Care - A Public Health and Vermont AHEC Collaboration -

Laurie Hurowitz, PhD¹, Elizabeth Cote¹, Susan Coburn, RD, MPH² and Richard Pratley, MD³

PROJECT BACKGROUND & OBJECTIVES

While trends show the growing problem of overweight/obesity (cdc.gov) and clinical practice guidelines are available (nhlbi.nih.gov), the translation of these recommendations into clinical practice with adults has been relatively understudied. The VT Department of Health partnered with the Vermont Area Health Education Centers (VT AHEC) to study current practices and develop a toolkit for Primary Care Practitioners (PCPs) to promote healthier weight in Vermont (VT). VT AHEC:

- Surveyed PCPs on current practices and barriers to care related to assessment of weight, promotion of healthier weight, & treatment of overweight/obese adults
- Developed & distributed the **Promoting Healthier Weight in Adult Primary Care** toolkit to PCPs in VT, & provided training to address some of the barriers to care

Improvements in primary care management of overweight/obesity is one component of a multidimensional/multidisciplinary strategy in the state which includes schools, workplaces and local communities.

CURRENT PRACTICES & TOOLKIT DEVELOPMENT 2006-07

- VT AHEC developed a 40-item survey on identification, assessment, treatment of overweight, barriers to care, including health promotion, counseling, & referral, as well as items on educational & training needs
- Survey was distributed to 581 PCPs in 219 practices in VT
- VT AHEC conducted 2 rounds of pilot studies in each of the 3 AHEC regions of VT to test and modify the toolkit to meet the needs of PCPs in VT practices

Table 1. Survey Findings: Response Rate by Practices & PCPs

Adult Primary Care Practices in VT (N=219)		Response Rate
Practices represented by one or more PCP respondent		120/219 (55%)
Primary Care Practitioners (PCPs) in VT (N=581 ¹)		Response Rate
PCP Category ² **	Response Distribution by Category	204/581 (35%)
PCP Specialty:	Family Medicine (FM)	47% 96/245 (39%)
	Internal Medicine (IM)	29% 60/190 (32%)
	Ob-Gyn (OBG)	24% 48/146 (33%)
PCP Discipline:	Physicians (MD/DO)	67% 136/412 (33%)
	Adv Nurse Prac (ANP/PA)	33% 68/169 (40%)
Region:	13 Rural Counties	66% 134/398 (34%)
	Higher Density/ Academic Med Ctr	34% 70/183 (38%)

¹There were 707 PCPs practicing with adults in VT, but 126 family physicians received only a pediatric survey as part of a related project.
²There were no significant differences between respondents and non-respondents on these variable (chi-square test).

Affiliations: ¹University of VT, College of Medicine, Area Health Education Centers Program; ²VT Department of Health; ³University of VT, College of Medicine, Diabetes & Metabolism Translational Medicine Unit.

Table 2. Survey Findings: Identification & Assessment by Specialty & Discipline

Practices by PCPs	% PCPs (n=204)
<i>In at least 75% of wellness/routine care visits in the last 12 months:</i>	
Measured patient weight	98%
Measured patient height	67% (FM>OBG>IM, p=.006)*
Calculated patient Body Mass Index (BMI)	60% (ANP/PA>MD/DO, p=.000)*
Classified BMI (underweight, healthy, overweight, obese)	60% (ANP/PA>MD/DO, p=.001)*
<i>In the last 12 months, percent of all patients counseled about:</i>	
Measured waist circumference	4% (FM>IM>OBG, p=.021)*
Assessed dietary history	80%
Assessed physical activity history	91%
<i>In the last 12 months, percent of all patients counseled about:</i>	
Healthy eating	57%
Healthy physical activity	60%
<i>In at least 75% of visits in the last 12 months, when a patient was identified as overweight:</i>	
Family history on obesity was obtained	34%
Secondary complications were evaluated	89% (FM>IM>OBG, p=.000)*
Underlying syndromes were evaluated	69%

*Significant findings: One-way ANOVA, post hoc/Measure Height: FM "most of the time" > IM "half of the time", p=.004; Calculate & Classify BMI: ANP/PA "most of the time" > MD/DO "half of the time", post hoc/Measure Waist Circumference FM "occasionally" > OBG "never/rarely", p=.016; post hoc/Sec'dy Comp FM "most-almost always" > OBG "most of the time", p=.000; IM "most-almost always" > OBG "most of the time", p=.001.

Table 3. Survey Findings: Greatest Barriers to Promoting Healthier Weight

Assessment: patient motivation, lack of clinical time, lack of reimbursement, sense of treatment futility

Counseling/Goal Setting: patient motivation, lack of clinical time, sense of treatment futility, lack of reimbursement, lack of training on effective skills & lack of educational materials for patients

Referral: patient motivation, patient insurance does not cover, shortage of health care professionals & community resources, lack of information on health care professionals & community resources.

Table 4. Pilot Test Findings: Implementation

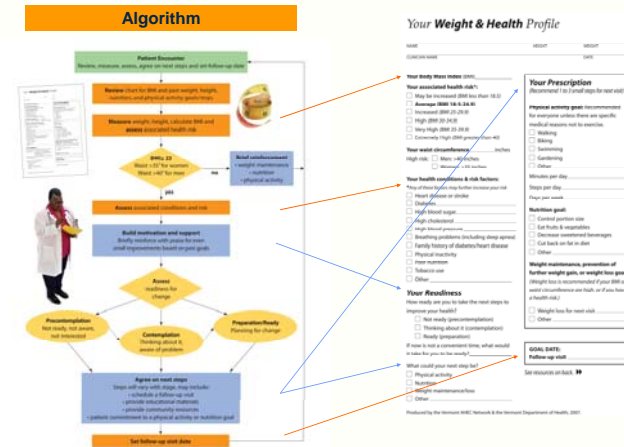
Weight & Health Profile – easily integrated/supplemented current practices

Structured Format – made difficult conversation easier (BMI, risks, goal setting, follow-up)

Continued Use – PCPs reported they were likely to continue using the **Weight & Health Profile**

Greatest Opportunity for Use – wellness, annual & routine chronic care visits with patients at risk or overweight/obese

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DISSEMINATION & TRAINING 2007-08

- Toolkits sent to all PCPs in VT
- Presentations made to professional groups in-state & nationally
- Toolkit is integrated into motivational interviewing skills training in VT

CATALYST FOR RELATED INITIATIVES

- Pilot studies of PCP & patient use of the **Weight & Health Profile** (in progress)
- PCPs use billing codes to document services & pursue payment reform
 - Integration with community-based & worksite wellness programs
 - Integration with legislative initiatives, such as VT Health Care Reform

NEXT STEPS

- Continue dissemination and motivational interviewing skills training
 - Continue to add new tools to website
- Re-survey PCPs on use of toolkit, including assessment & treatment, current barriers

For More Information Contact: Laurie Hurowitz, PhD – Research Assistant Professor of Medicine
 802-656-5538 laurie.hurowitz@uvm.edu www.vtahec.org http://healthvermont.gov
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