

ABSTRACT (See attachment below)

BACKGROUND AND OBJECTIVES

While trends showing the growing problem of obesity have been reported (CDC 2006) and clinical practice guidelines are available (NHLBI 1998), the translation of these recommendations into clinical practice with adults has been relatively understudied.

The purpose of this population study was to:

- Assess current primary care practices in Vermont related to healthier weight and the assessment and treatment of overweight and obesity for adult patients
- Identify barriers to care related to healthier weight
- Advise the design of a Healthier Weight Toolkit for primary care clinicians to address barriers to care

METHODS: SURVEY DESIGN

Identified all Primary Care Practitioners (PCPs) in Vermont from the VT Area Health Education Center (AHEC) database of primary care practitioners.

Developed a 40-item survey on identification, assessment, treatment, barriers, office systems, reimbursement, and education and training needs.

Mailed survey (spring 2006) to 581 PCPs* in 219 practices in VT. Followed-up by postcards and second survey mailing.

All PCPs were classified by the following categories:

- **SPECIALTIES** - family medicine (FM), internal medicine (IM) and obstetrics/gynecology (OBG)
- **DISCIPLINES** - physicians (MD/DO) and advanced nurse practitioners/physician assistants (ANP/PA)
- **REGION/RURALITY** - 13 rural counties and one more densely populated county with the only academic medical center in VT
- **YEARS IN PRACTICE**** - 0 to 5 years, 6 to 10, 11 to 20, 20+

*One-third of all VT FMs received an alternative version of the survey to assess current practices related to healthier weight with children. Those PCPs are not included in the PCP totals presented here.

**Years in practice was only available from those who responded to the survey.

References

CDC 2006: Behavioral Risk Factor Surveillance Survey – Prevalence Data. <http://apps.nccd.cdc.gov/brfs>
 NHLBI 1998: National Heart, Lung, and Blood Institute. Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. The Evidence Report. www.nhlbi.gov/guidelines/obesity/ob_gdlns.pdf

For More Information

Laurie Hurowitz, PhD – Research Assistant Professor of Medicine, UVM College of Medicine, AHEC Program
 802-656-5538 or laurie.hurowitz@uvm.edu www.vtahec.org <http://healthvermont.gov>

This study was supported by the Vermont Department of Health, the VT AHEC Network and the University of Vermont College of Medicine

Presented at the NAASO - Obesity Society, 2006 Annual Scientific Meeting, Boston, MA, October 23, 2006

PRINCIPAL FINDINGS

Table 1. Primary Care Practices & Practitioners by Category and Response Rates

Primary Care Practices		Response Rate
Practices represented by one or more PCP responses		120/219 (55%)
Primary Care Practitioners (PCPs)		Response Rate
PCP Category	Response Distribution by Category	204/581 (35%)
PCP Specialty*:	FM	47% 96/245 (39%)
	IM	29% 60/190 (32%)
	OBG	24% 48/146 (33%)
PCP Discipline*:	MD/DO	67% 136/412 (33%)
	ANP/PA	33% 68/169 (40%)
Region*:	13 Rural Counties	66% 134/398 (34%)
	Higher Density/ Academic Med Ctr	34% 70/183 (38%)

*There were no significant differences between respondents and non-respondents on these variables (chi-square test).

Table 2. Identification and Assessment - Differences by Specialty, Discipline, Region, and Years in Practice

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)**
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 conditions were evaluated	69%

*One-way ANOVA; post hoc: Height FM-IM, p=.004; Measure Waist FM-OBG, p=.016; Sec'd Comp FM-OBG, p=.000, IM-OBG, p=.001.

Table 3. Greatest Barriers to Assessment, Counseling/Goal Setting, & Referral

PCPs could select multiple barriers in each category. Most frequently selected barriers to

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 training on effective skills, & lack educational materials for patients.

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

CONCLUSIONS and IMPLICATIONS

• Many PCPs reported assessing BMI in routine/well care visits with adults, but this can still be improved.

• Few PCPs are routinely measuring waist circumference.

• There is general uniformity in identification and assessment of overweight and obesity across PCPs in Vermont, with only a few exceptions by specialty and discipline noted in Table 2. These differences suggest that training opportunities and practice design/office processes could improve these practices.

• There was agreement among PCPs about the greatest barriers to care, which included: patient motivation, lack of clinical time, lack of reimbursement, lack of insurance coverage for referrals, and availability of referral offices.

• The UVM College of Medicine, the VT AHEC Network and the VT Department of Health have used the feedback from this survey to design a Healthier Weight toolkit for PCPs. The toolkit, which is currently being piloted in Vermont, includes resources to facilitate the clinician-patient conversation about BMI and associated health risks, readiness for change and goal-setting related to nutrition, physical activity and weight maintenance/loss, and follow-up. **Your Weight and Health Profile and Prescription** from the toolkit, is shown here. Broad dissemination of the toolkit in Vermont will occur in the coming months.

Your Weight & Health Profile



The form includes sections for:

- Personal Information:** Name, Address, City, State, Zip.
- Body Mass Index (BMI):** Average BMI (18-24.9), Increased BMI (25-29.9), High BMI (30-34.9), Very High BMI (35-39.9), Extremely High BMI (40+).
- Waist Circumference:** High (35-39 inches), Very High (40-49 inches).
- Health Conditions & Risk Factors:** Heart disease, Diabetes, High blood sugar, High cholesterol, High blood pressure, Smoking/tobacco use, Family history of diabetes/heart disease, Physical inactivity, Poor nutrition, Depression, Other.
- Physical Activity:** Steps per day, Frequency, Intensity.
- Nutrition Goals:** Control portion size, Eat more vegetables, Eat less fat/sweets/salty foods, Choose healthier fats, Eat back fat in food, Other.
- Weight Maintenance:** Maintain current weight, Gain weight, Lose weight.
- Readiness:** Not ready, Somewhat ready, Ready.
- Goals:** Weight maintenance, Weight gain, Weight loss.

