A ‘New Dimension’ of Obesity Care

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BACKGROUND

Obesity and obesity related disorders such as type 2 diabetes, hypertension, and hyperlipidemia have increased significantly in the last twenty years among people in their teens and twenties.1-3 An estimated 30% of college students are either overweight (body mass index [BMI] 25.0–29.9 kg/m²) or obese (BMI ≥30.0 kg/m²). College students are not immune from the overabundance of calorie laden, nutrient deficient foods and relative scarcity of physical activity. These factors create a difficult environment to be successful in losing weight or maintaining a healthy weight. It is estimated that 90% of students eat fewer than five servings of fruits and vegetables per day, and nearly 60% of students engage in fewer than three days per week of vigorous-intensity (20 minutes or more) or moderate-intensity (30 minutes or more) physical activity.1

The United States Preventive Services Task Force guidelines recommend that primary care providers screen or refer obese patients to intensive, multi-component behavioral interventions.1 There is strong evidence to support reduced calorie diets with an energy deficit ≥500 kcal/day, a comprehensive lifestyle promotion program with increased aerobic physical activity for ≥30 minutes per week, and regular self-monitoring, including monitoring of food intake, physical activity, and weight.4 Additionally, research has shown that the mere act of adding obesity to a patient’s problem list increases the rates of healthcare providers addressing obesity with patients at future encounters.5

PURPOSE

To analyze the current documented treatment approach to obesity in college students at a large state university Student Health Care Center (SHCC) to see what effect, if any, the addition of a comprehensive weight loss program would have on obesity management plans.

PERFORMANCE GOAL

By April 2016, 75% of patients coming in for an annual or wellness exam, with a BMI ≥30 (obese), will have a documented BMI plan in the note and 25% will have been offered a referral to a dietitian, nutrition counselor, or weight loss program (i.e. New Dimensions weight loss program).

METHODS

A retrospective chart audit was performed on all annual or wellness encounters (CPT Codes: 99385, 99395, U0196) that occurred between January 1, 2015 and March 30, 2015 that had a BMI ≥30. Encounters were analyzed to see if BMI, obesity, or overweight related terms were noted in the assessment plan, or problem list of the charts of patients who were obese. Other related terms including, but not limited to, diet, nutrition, physical activity, exercise, fruits/vegetables, weight were also considered as part of an obesity management plan.

In November, 2015 the Orange North Team implemented New Dimensions, a comprehensive in-house weight loss program to help manage and treat patients with obesity. The program involved lifestyle changes in conjunction with pharmacotherapy (i.e. Phentermine and Topamax) when appropriate. A repeat chart audit was performed during the same months in 2016 (January 1 – March 30, 2016).

RESULTS

<table>
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<tr>
<th>MEASURE</th>
<th>BASELINE (n=49)</th>
<th>FOLLOW UP (n=52)</th>
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<tr>
<td>Number (%) of encounters that had BMI, Obesity, or Overweight in the problem list</td>
<td>3 (6%)</td>
<td>5 (10%)</td>
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<td>Number (%) of encounters that included a reference to Obesity in the assessment</td>
<td>8 (16%)</td>
<td>15 (27%)</td>
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<td>Number (%) of encounters that documented an Obesity related plan</td>
<td>24 (49%)</td>
<td>33 (63%)</td>
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<td>Number (%) of visits that included a referral or contact information for a dietician, nutrition counselor, or a weight loss program (e.g. CHANGES or New Dimensions)</td>
<td>7 (14%)</td>
<td>15 (29%)</td>
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FIGURE 1: Percent of Annual/Wellness Exams in Patients with a BMI ≥30 with Obesity Related Management Plans in the Following Sections of the Chart

Obesity Management Plan Documentation

Assessment

Plan

Problem List

Referral Offered

2015 (n=49) | 2016 (n=52)

Repeated measures demonstrated a 29% increase (14% absolute) in BMI plan documentation and a 107% increase (15% absolute) in formal weight loss treatment referrals. Although the clinic did not meet the aggressive goal of 75% having a documented BMI plan, a 29% increase from baseline represents significant progress. Excitingly, the number of referrals increased by 107% to an absolute level of 29%. This exceeded the 25% performance measure set at baseline.

DISCUSSION

The New Dimensions Weight Loss Program improved overall obesity treatment plan documentation throughout the SHCC. Importantly, more clinicians provided referrals for formal weight loss treatment and counseling. This is likely due to the increased recognition of obesity as a treatable medical problem combined with the newer referral resource. Future studies should focus on effective means to further increase BMI documentation, and more importantly, follow clinical changes that occur with actual patient BMIs. This project sought to measure improved obesity care indirectly, through the documentation provided in encounters. However, improved documentation does not necessarily equate to improved care or outcomes. This study did not look specifically at BMI changes in patients with obesity, however this would be a worthwhile endeavor for future analysis.

CONCLUSIONS

Obesity is a multifactorial disease that will require comprehensive and innovative approaches to help treat it. This analysis suggests that the implementation of a new weight loss program (e.g. New Dimensions) can result in improved obesity plan documentation and referrals offered by clinicians in a college health care center. Future studies should evaluate the impact that improved documentation has on clinical outcomes (e.g. BMI changes in patients) in a college setting and discern ideal ways to deliver high quality obesity management and care.

REFERENCES