Team-based approach including behavioral health, nutritionist, and primary-care physician to improve weight management in obese patients at Community Health Centers

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ABSTRACT

Objectives

• Obesity is an epidemic in the United States and has been rising due to poor diet, exercise, and lifestyle choices. Primary care physicians (PCP) at community health centers (CHC) can be instrumental in combating obesity, especially in low socioeconomic status (SES) patients. However, due to time constraints and complex comorbidities, PCP at CHC are unable to effectively address their patients’ weight. Instead, many refer their patients to see a nutritionist or behavioral health specialists. However, due to SES factors, patients often are unable to attend these visits. The specific aim of this study was to determine whether a team-based approach for weight management during the same office visit would improve weight management in obese patients at a CHC. In the prospective study, patients were first seen by their PCP for standard of care, followed by ten-minute visits with a behavioral health and nutritionist specialist. Afterwards, patients filled out a post-survey questionnaire regarding this “team-based approach” to weight management and followed up in one year to recheck BMI. Both quantitative and qualitative data were collected. Results showed that each question scored at least 4.7/5 and many patients found this approach very helpful and majority of comments were positive. One year follow-up revealed a change in BMI that was not statistically significant, but results might have been skewed due to COVID pandemic. In conclusion, we recommend the use of this team-based approach model for weight management at CHC.

Methods

• The was a prospective study measuring the effectiveness of a team-based approach for weight management, which consists of a PCP, behavioral health specialist, and nutritionist representative.
• This study was conducted at HealthPoint Auburn North in King County, WA, between December 2019-March 2021.
• Patients were recruited from a single healthcare provider’s population base before their visit through phone or during clinic visit.
• Inclusion criteria included patients over the age of 18 and a BMI over 30.
• Patients first met with their PCP for standard of care, followed by 10-minute visits with a behavioral health and nutritionist separately. Afterwards, a post-survey questionnaire was filled.
• Survey consisted of 4 questions with a score ranging from 1-5, 1 being the lowest and 5 the highest. It also included a comments section for qualitative data.
• Patients enrolled from December 2019-March 2020 were followed up in one year to compare changes in BMI since the initial visit.
• These patients also had a one-year follow up phone interview to discuss long-term effectiveness of the study design
• Mean and standard deviation were calculated for each question score.
• Paired T-test was utilized to compare BMI’s from initial visit to present

Results

• In total, 20 patients were enrolled in the study (11 males and 9 females). Mean age in years(SD) and BMI(SD) were 49.4(11.52) and 34.17(2.8), respectively.
• The mean score(SD) for the first post-survey question regarding overall satisfaction was 4.75(0.44).
• The mean score(SD) for the second post-survey question regarding behavioral health specialist was 4.70(0.47).
• The mean score(SD) for the third post-survey question regarding the nutritionist representative was 4.70(0.47).
• The mean score for the fourth post-survey question regarding motivation for weight-loss was 4.75(0.44).
• There was no significant difference in change in BMI between initial and post one-year visit, 33.59 vs 33.79 (p=0.41).

Conclusions

• Patients rated high scores in the post-survey questionnaire, with mean score averages all being higher than 4.7/5.
• Overall, most patients at the initial visit said that this team-based approach provided additional and helpful information about weight management when compared to speaking with their PCP alone in the past.
• COVID-19 played a significant factor in the one-year follow-ups on participants in terms of their BMI
• Limitations and confounding factors of the study included: small sample size, selection bias, standardization of the study, and COVID-19.
• We recommend expanding the current study to include a larger sample size, expanded to multiple CHC sites, and measuring long-term assessment of team-based approach post-COVID-pandemic.