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Title

The Feasibility of Primary Care Referrals to Community-based Lifestyle Programs for the Management of Obesity

Priority 1 (Research Category)

Obesity, exercise and nutrition

Presenters

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Abstract

Introduction: Obesity continues to pose a major burden on the US healthcare system. The U.S Preventive Services Task Force recommends clinicians offer or refer adults with a BMI of 30 or higher to intensive, multicomponent behavioral interventions. Combining efforts from primary care providers, auxiliary health care professionals, and allied health care professionals is more likely to produce clinically significant weight loss than PCP counseling alone. This pragmatic pilot study aimed to test the feasibility of primary care practice referrals to an evidence-supported (Diabetes Prevention Program) community-based program for weight loss. Methods: Pragmatic single-arm prospective cohort study, in which providers from 5 primary care practice clinics referred patients who, during regular visits with PCP sought behavioral interventions for weight loss to a community-based weight loss program. Patients attended 16 weekly sessions covering different behavioral weight loss topics (per DPP Core Curriculum). Throughout the 16 sessions, attendance, weight, and progress were noted, along with final recommendations from the program treating team members. Weight outcomes before and at the completion of the study were collected. Feasibility outcomes included the direct enrollment rate, patient satisfaction through Was It Worth It surveys, staff satisfaction through a survey, and focus group interview. 35 patients were offered a referral to the program, and 27 (77.1%) completed enrollment. Only 22 participants had classes available, and 12 (54.5%), completed at least 75% of the classes. The median age was 53 years (41.6% Females), with median initial weight and BMI of 101.3 Kg and 34.4 Kg/m², respectively. The average weight loss was 5.6 kg over 16 weeks. Only 9 (75%) participants turned in WIWI surveys, with 8 (88.8%) confirming the program was worth participating in, would recommend it to others, has helped them lose weight, and they have continued with the new healthy lifestyle changes they learned in the program. Focus group with referring providers listed time, BMI inclusion criteria, insurance coverage and EMR as barriers for referrals to the program. Conclusion: Direct primary care practice referrals during regular office visits to evidence-supported, community-based weight loss programs are both feasible and effective. Barriers to referrals still include time, affordability, providers' familiarity with resources, and EMR integration of community-based programs.