

# Overcoming Obesity One Patient at a Time

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## THE INNOVATION

We have developed an innovative office-based weight loss program that inspires patients to achieve long-term weight loss by making small, incremental diet and lifestyle changes.

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## WHO & WHERE

Our practice consists of 2 family physicians and 1 family nurse practitioner. Our behavioral intervention program uses the 5 A's of Behavior Change model<sup>1</sup> and is based on *Change Control Diet*,<sup>2</sup> by Harry H. Suiter, who himself struggled with weight management for decades. In collaboration with Mr. Suiter, we have developed a formal office-based weight loss program with Mr. Suiter's book for the patient, a health care provider's guide (Supplemental Appendixes 1 and 2), and webinar modules<sup>3</sup> to help other practices implement this program and achieve the same successes our patients have experienced.

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## HOW

Unlike traditional weight loss programs, we focus on small changes over time. We do not prescribe diets or medications, and the program does not require a formal education in nutrition to administer. A physician or nurse practitioner meets one-on-one with the patient and directs him or her through the self-managed program. Our experience is that patients need 6 to 10 office visits to learn the program before continuing to apply its principles on their own. We bill for these visits with preventive counseling or chronic disease management codes. Treating obesity as a priority problem at office visits allows us to focus on patients' current eating and activity choices and introduce small improvements.

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*Conflicts of interest:* Jeanne M. Ferrante reports none. Ronald M. Frank and Clair L. Carragino have a financial relationship with *Change Control Diet, LLC*, which is based in part on revenue of the program.

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We initially teach patients to lose weight with their current food choices by using basic calorie counting. Not being asked at the outset to "eat healthy" as well as to eat less reduces their initial stress. The health care provider's guide gives the clinician talking points and handouts for patients to use in self-monitoring.

We spend initial visits educating patients on calorie counting and nutrition, and we start them on a food diary. Then, after thoroughly evaluating their 7- to 10-day food diaries, we start leading them through small changes until they master the principles of the program. These include eating a set number of meals and snacks throughout the day, aiming for a daily caloric intake goal consistent with the patient's sex, age, and activity level, increasing physical activity by small increments, and learning how to manage stress and think positive. Follow-up visits focus on changing habits, increasing self-efficacy, and engaging family and friends. In our pilot program with 39 patients, including 15 with prediabetes and 9 with diabetes, the mean baseline weight was 241.59 pounds, (SD 47.19 pounds). The mean weight change for participants completing at least 3 months of follow-up (N=39) was -6.96 pounds (SD 10.19 pounds;  $P < .001$ ) and the mean change in HbA<sub>1c</sub> values for patients with prediabetes or diabetes was -0.33 (SD 0.61;  $P = .045$ ).

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## LEARNING

In developing this program we have learned many valuable lessons, in particular that making small changes and losing weight gradually is more likely to succeed than making major changes to achieve major initial weight loss. Patients appreciate the one-on-one guidance we provide. Some have lost more than 20 pounds, which has improved their mental and physical health, resulting in outcomes such as reduced HbA<sub>1c</sub> levels and decreased diabetic medication. Finally, this program can benefit all involved parties. Patients learn self-management strategies and improve their health. Clinicians learn how to counsel patients about obesity while developing personalized healing relationships and learn how to bill insurance companies for the office visits. Practices improve reportable quality metrics. Finally, health insurance companies and health systems reduce medication costs, emergency department visits, and hospitalizations for comorbid diseases.

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**Key words:** obesity; counseling; weight reduction programs

**Author affiliations, references and supplemental appendixes are available at <http://www.AnnFamMed.org/content/15/3/280/suppl/DC1/>.**