

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6455

### **Title**

*Why in the World Would Primary Care Practices Participate in Weight Management?*

### **Priority 1 (Research Category)**

Obesity, exercise and nutrition

### **Presenters**

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### **Abstract**

Context: Obesity is one of the most prevalent chronic health conditions in the United States and elsewhere. Clinicians and patients identify primary care settings as ideal for addressing weight management. Implementation of weight management approaches can be challenging, however, for many reasons such as inadequate training, comfort with addressing behavior change, and reimbursement. In addition, new anti-obesity medications (AOMs) have changed the weight management landscape. Objective: To report on reasons why 30 primary care practices opted to participate in an implementation project aimed at supporting practices to implement a weight management approach based on Intensive Behavioral Therapy (IBT) for obesity. Study Design and Analysis: Baseline key informant interviews analyzed using rapid qualitative analysis. Setting or Dataset: Interview transcriptions from 80+ interviews conducted with staff or clinicians from 30 primary care practices. Population Studied: Staff and clinicians from primary care practices participating in Helping Our Patients Engage in Weight Management (HOPE). Intervention/Instrument: Semi-structured interview guide. Outcome Measures: Cross-cutting findings on why practices chose to participate in HOPE. Results: Practices were responding to their patients' desire to work on weight but are not sure what to offer; they want to be able to offer something structured, but have little or no training and/or time to develop something on their own and want the validation of an evidence-based approach they can pick up and use. They also were responding to the desire to offer something either instead of or in conjunction with AOMs that emphasizes long-term behavior adjustment/change rather than just prescribing medications, and realize the need for a structure (i.e. curriculum, regular visits) to be able to do this over time to maintain patient engagement. Last, they recognize how integral managing weight is in regards to health and addressing comorbidities and are tired of just prescribing more medications for comorbidities/polypharmacy. Conclusions: Primary care clinicians and their staff are very interested in

helping patients manage their weight, and identify several reasons for their interest that are important to understand for future dissemination efforts at weight management in primary care.

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