Feasibility of providing a weight management program to support primary care practices in Nebraska: A qualitative analysis

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NAPCRG PBRN 2018

Purpose

- Obesity in our communities
  (Ogden et al., 2014, JAMA; Akers, Estabrooks, Davy, 2010, JADA; Philips et al., 2014, Ann Fam Med)
- Primary care as a potential solution
  (Philips et al., 2014, Ann Fam Med; Huang et al., 2011, Child Heal Care)

Purpose

- To understand the feasibility of providing a weight management approach that includes screening, referral, and intervention to support primary care clinics.
- To explore the successes and challenges of weight management programming already present in clinics, if at all.

Methods

10 Clinics

- 5 metropolitan (>50,000 population)
- 2 micropolitan (urban core ≥10,000, but <50,000 population)
- 3 rural (<10,000 population)

Semi-structured interview guide – PARIHS Framework (Rycroft-Malone, 2004, J Nurs Care Qual)

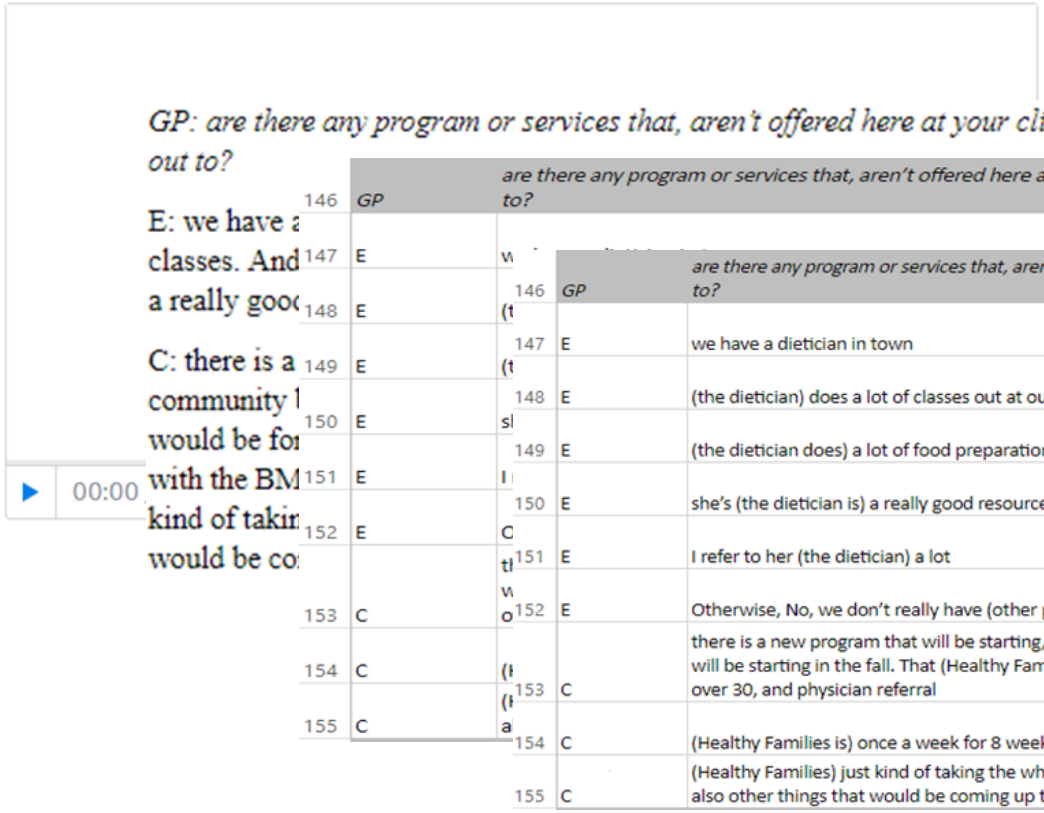
Participants

- 5 par
- Typic
- Addit

Table 2: Tenure of participating clinical staff

Titles	N	Mean Years	Std. Deviation
Physician	13	10.6	11.2
Nurse	14	8.6	7.2
Health coach; coordinator	3	6.2	4.2
Manager; administrator	6	11.6	10.8
Other	8	5.4	5.1
Total	44	8.8	8.6

Data Analysis



	GP	are there any program or services that, aren't offered here at your clinic that you refer your patients out to?
146	GP	are there any program or services that, aren't offered here at your clinic that you refer your patients out to?
147	E	we have a dietician in town
148	E	(the dietician) does a lot of classes out at our gym
149	E	(the dietician does) a lot of food preparation classes, and can focus on diabetics, diet, PCOS
150	E	she's (the dietician is) a really good resource
151	E	I refer to her (the dietician) a lot
152	E	Otherwise, No, we don't really have (other programs or services)
153	C	there is a new program that will be starting, (the new program) is community based, the "Healthy Families" will be starting in the fall. That (Healthy Families) would be for families with children 4-18, with the BMI over 30, and physician referral
154	C	(Healthy Families is) once a week for 8 weeks
155	C	(Healthy Families) just kind of taking the whole family, teaching them how to shop, nutrition activities, and also other things that would be coming up too

146	GP	are there any program or services that, aren't offered here at your clinic that you refer your patients out to?
147	E	programs available for referral
148	E	programs available for referral
149	E	programs available for referral
150	E	programs available for referral
151	E	programs available for referral
152	E	programs available for referral
153	C	programs available for referral
154	C	frequency of program sessions
155	C	weight loss program characteristics

Adapted from Duval et al. SURP Poster Presentation. UNMC, 2017

Results

Major Themes – Reach

- They assess weight a
- They have it tracked i
- They don't use it as a cue to talk about weight in a systematic way

"Sometime I need to use that number to help, because people will say 'my weight is what it is.' I use that number to help give them sort of a road map of where they should be."

"It really depends on why they are here."

"Too many clicks."

Results

Major Themes – Available

- No formal weight loss pr
- Some use goal setting t
- Some nutritionist suppor
- One clinic had a health occasion talk to patient
- Some clinics referred to community programs (e.g., grocery store dietitian)

"Highest to have a no-show... probably because she's forced to schedule so far out."

"I refer [patients] repeatedly to the dietician and they won't go."

Results

Major Themes – Use of

- Medication is prescrib
  but not as a systemat

- When it is
  - Rarely used as monotherapy
  - Usually was requested by patients
  - Doesn’t seem to lead to sustained weight loss.
  - Little provider enthusiasm for this method

> “It's an adjunct. My rule is, other than the blood pressure and heart rate have to be fine, and if they want it they have to be exercising and eating healthy. It's not substitute for doing the things that we ask them to do, but it's an adjunct.”

Results

Major Themes – Challenges

- Difficult to provide facilities, staff availability, and cost
- Transportation and c
  session
- Hard to monitor and
- Low program availa
- Fewer resources ava
  clinics/communities
- Low priority for offering a program on site

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required on basis."

"The big factor going forward is going to be how people get reimbursed because obviously [clinic staff] can't be taking out large chunks of their day and not get paid for it."

Results

"I think so much of it is patient dependent. I think a home program would be good for someone who doesn't have transportation. But I also think there's a lot gained from a group program."

"It would have to be individual based."

- Patient accountability
- Individually-tailored
- Harness technology to improve convenience and reach

Summary

- Primary care clinics are engaging with their patients about weight
    - Inconsistent protocol of how staff deal with this
- Some programs/services are available through clinic
    - Reach and effectiveness are questionable
- Staff see weight loss program as priority; major concerns about clinic time and resources
- Very enthusiastic about a referral behavioral weight loss and management program with patient tracking/follow-up—possibly using technological approaches

Future Directions

- Systematic review of rural weight loss interventions (Porter et al., In Review)
- Collaborate with Great Plains PBRN and primary care staff to select intervention for local implementation
- Pilot trial
  - Hybrid Type 1 Effectiveness-Implementation approach
  - 100 participants
  - 2x2 recruitment strategy
    - In-visit vs EHR letter referral
    - Active vs passive follow-up

Acknowledgements

- Dr. Robert Schwab
- Dr. Todd Bartee
- Dr. Kate Heelan
- Dr. Jennie Hill
- Dr. Tzeyu Michaud
- Dr. Paul Estabrooks

- Alegra Mendez
- Alexia Garcia
- Alyssa Duval
- Jasmin Sandoval
- Tatiana Tchouankam

- 10 participating clinics & their staff

- NAPCRG

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