

DESIGNING A SUCCESSFUL OBESITY MEDICINE PRACTICE

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OBJECTIVES

- Review the infrastructure needed for effective obesity care
- Define a structured approach to chronic obesity care
- Discuss effective ways to secure a healthy revenue stream for a bariatric endocrinology practice

INFRASTRUCTURE

- **Human resources**
 - Comprehensive training for staff
 - Model the lifestyle
 - 'Look' the part
 - 'Live' the lifestyle
 - Believe in the mission goals
- **Patient resources**
 - Handouts
 - Nutritional info, physical activity education
 - Meal replacements or prescriptive foods
 - Medications
 - Fitness apps, equipment, social media
 - Share data 'challenges' with your patients
- **Physical resources**
 - Accurate height/weight measurements
 - Should calibrate your equipment
 - Scales that measure body composition
 - Physical activity capacity
 - Measuring fitness
 - Knowledge of the easiest option for the pt
 - Direct access at your site
 - Adequate exam rooms for your patients
 - Size of chairs needs to be not just accommodating but comfortable
 - Don't forget the household companions

HUMAN RESOURCES

- **Staff**
 - Cheerleaders
 - Reward good behavior!!!
 - Knowledgeable
 - EVERYONE needs to be educated about nutrition and your recommendations
 - Flexible
 - Support by the person the patient needs the most at that moment
 - Understanding
 - Don't judge
 - Psychological and social counseling
 - Remember the saboteurs and common pitfalls

MODEL THE LIFESTYLE

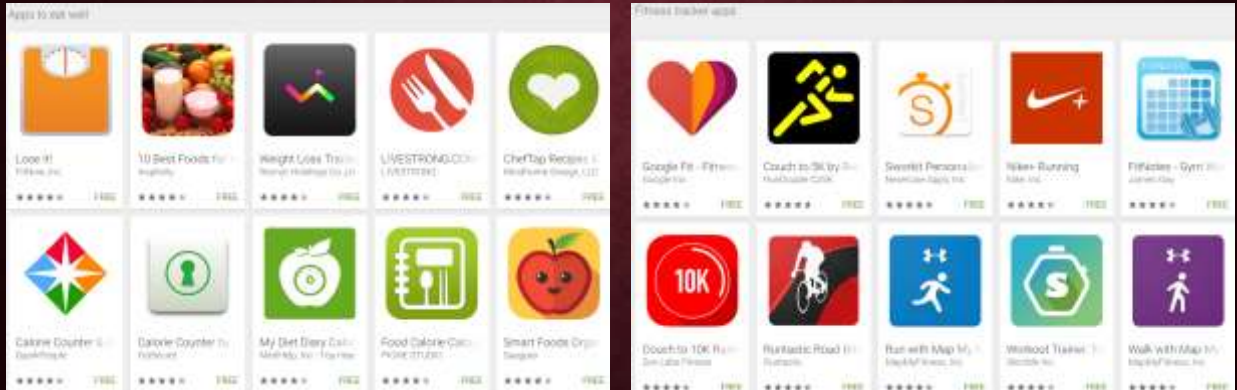
YOU AND YOUR STAFF HAVE TO FOLLOW THE SAME RULES AS THE PATIENTS

- If your patients know that you eat unhealthy, they won't believe you know anything about nutrition
- If your patients know that you don't physical activity, they'll discount your instructions
- If your patients know that you have terrible habits like smoking, you'll lose all credibility
- You don't have to be a fitness model to lead by example but you DO have to try
- You don't have to be perfect in your lifestyle habits but you DO have to have goals that you strive for and be open about it

THINGS THE PATIENT NEEDS HANDOUTS AND PRESCRIPTIONS

- Nutritional education
 - Basic macronutrients and calories
 - Sources of healthy food choices
 - Must be economical options
 - Better methods of cooking
 - Restaurant options (even fast food)
- Physical Activity education
 - Tailored to their geography/ability
 - Access to trainers
 - Cheap/free options
- Psychological education
 - Switching out good habits for bad
 - Understanding saboteurs
- Medications with indications to treat obesity
 - Phentermine
 - Qysmia
 - Belviq
 - Contrave
 - Saxenda
- Related therapies
 - Metformin
 - Must give B complex/B12
 - GLP-1 agonists
 - Pramlintide
 - Topiramate

SOCIAL APPS



THINGS YOUR OFFICE NEEDS

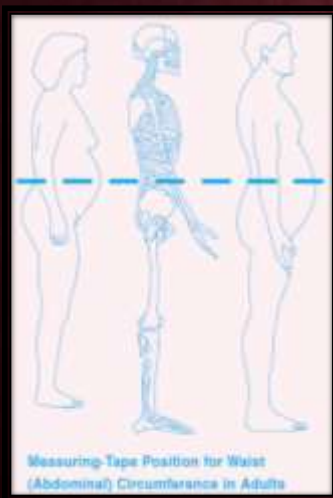
- Calibrated equipment
 - Scales that go up to 800 pounds
 - Capacity for body composition measurements
 - Accurate stadiometer
 - not mounted to wall, free standing
 - Blood pressure cuffs in larger sizes
 - Physical activity capacity or fitness
 - Treadmill and/or stationary stairs
- Tape measure
 - Waist/hip ratios
- Sturdy and comfortable chair
 - Wide enough
 - Weight rated
 - Arm rests or arm bars
 - Hydraulic exam tables
- Adequately sized gowns
- Room to accommodate the patient and family/friends in the same room
- Don't forget the passageways

OFFICE EQUIPMENT

- Handheld analyzer



CLINICAL TOOLS: MEASURING WAIST CIRCUMFERENCE



- Locate the superior iliac crests and the lower rib margins
- Place measuring tape around abdomen above iliac crests, keeping it parallel to the floor
- Ensure tape is snug but not compressing the skin

NHLBI Obesity Education Initiative.
Obesity in adults. http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf.

ETHNIC VARIATIONS IN WAIST CIRCUMFERENCE RISK THRESHOLDS

Joint Recommendations of the
IDF, NHLBI, AHA, WHF, IAS, and IASO

Ethnic/Regional Origin	Men, in (cm)	Women, in (cm)
European	≥37 (94)	≥31 (80)
Caucasian	≥37 (94)	≥31 (80)
North American, European	≥40 (102)	≥35 (88)
Asian	≥35 (90)	≥31 (80)
Middle Eastern, Mediterranean	≥37 (94)	≥31 (80)
Sub-Saharan African	≥37 (94)	≥31 (80)
Central and South American	≥37 (94)	≥31 (80)

AlberkGMM, et al *Circulation*. 2009;120:1640-1645.

NHLBI CLASSIFICATION OF WEIGHT, WAIST CIRCUMFERENCE, AND DISEASE RISK

Classification	BMI (kg/m ²)	Disease Risk*	
		Men WC ≤40 in Women WC ≤35 in	Men WC >40 in Women WC >35 in
Underweight	<18.5		
Normal	18.5 – 24.9		
Overweight	25.0-29.9	Increased	High
Obesity Class I	30.0-34.9	High	Very high
Obesity Class II	35.0-39.9	Very high	Very high
Obesity Class III	≥40	Extremely high	Extremely high

*Type 2 diabetes, hypertension, and cardiovascular disease.

NHLBI Obesity Education Initiative. Obesity in adults.
http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf.

ICD-10 CODES

- E66 Overweight and Obesity
 - E66.0 Obesity due to excess calories
 - E66.01 (Morbid) Severe obesity due to excess calories
 - E66.09 (Other) obesity due to excess calories
 - E66.1 Drug induced obesity
 - E66.2 (Morbid) Severe obesity with hypoventilation
 - E66.3 Overweight
 - E66.8 Other obesity
 - E66.9 Obesity, unspecified
- O99.21- Obesity complicating gestation
- Z68.- BMI
- E23.6 Adiposogenital obesity
- E88.2 Lipomatosis (NOS, Dercum)
- Q87.1 Prader-Willi syndrome

STRUCTURED OBESITY MANAGEMENT HEALTHY EATING PLANS

- Ketogenic (for motivated patients)
 - Faster weight loss
 - Better satiety
 - Healthier for co-morbid conditions
 - Easier for the patient
 - More adaptable for long term maintenance by adding foods back in
- Meal replacements (Patients who need external controls)
 - Patient driven
 - OTC meal replacements (shakes or pre-made meals)
 - Physician driven
 - Direct sales/prescriptive foods (optifast/medifast)
 - Need to have a structured transition plan

STRUCTURED OBESITY MANAGEMENT PHYSICAL ACTIVITY

- HIIT
 - Can be done in any environment on any equipment
 - Shorter time commitment
 - Superior cardiovascular fitness adaptations
 - Easily scalable
- Daily fitness
 - Need to tailor this to the patient
 - Are there safe outdoor spaces nearby?
 - Do they have access to a facility for free or reasonable cost?
 - Do they have any equipment at home already?
- Office based
 - Create relationships with a local fitness facility
 - Consider putting a facility on site

STRUCTURED OBESITY MANAGEMENT MEDICATION

- Offer them at every visit
- Enhances weight maintenance
- Variable expense
- Be prepared for prior authorization battles
 - BMI does NOT need to be on the prescription
 - You DO need to track adherence and script history

STRUCTURED OBESITY MANAGEMENT OFFICE FLOW CHARTING

- Weight/BMI/composition
- BP/HR
- Markers of pre-diabetes (mean blood glucose, waist/hip ratio, etc)
- Co-morbid and confounding conditions
 - Screen/monitor for weight promoting medications and conditions
- Fitness level
 - physical activity performed
 - Time committed (length of time and number days per week)
 - In-office measures
- Food choices
 - Reward good choices don't dwell on poor choices
- Habit swaps
 - Note how many times they were successful not every time they failed
- Medication tracking

THE SUCCESSFUL OFFICE

- Individual visit
 - Ideal first visit
 - Establish goals
- Group visits
 - Patient and family support from peers
 - Better ROI financially for the practice
- Physician sponsored meal replacement
 - Buy at wholesale/sell at retail
- Marketing
 - Take it on the road (grocery stores, community centers, churches, libraries)
- Caveats
 - Competition is not your enemy
 - Be flexible
 - Be real
 - Understand the patient's home environment and limitations
 - Psychology is key

CPT CODES

Traditional E/M office visits

- 99201-5 new office visits
 - Not recommended as a group visit
- 99211-5 returning office visits
 - All levels can be used for group visits

Additional coding opportunities*

- 99401-4 preventative medicine counseling (15-30 min)
 - Dx required (BMI)
- 97802-4 medical nutritional therapy
 - Dx required (BMI)
- G0447 face-to-face behavioral counseling for obesity
 - Dx not required

*(ideal for group visits)

PITFALLS

- **Shifting blame**
 - Focusing on the patient's failings shifts blame away from your responsibility to educate and treat successfully
- **Weight stability is still winning for some patients**
- **Fitness improvement is hugely impactful on the patient's overall health/well-being**
- **Co-morbid condition improvements can be a goal in and of itself**
- **Falling off the wagon creates a negative spiral of emotions**
- **Meal/Activity/Medication changes have positive impacts beyond weight**
- **Saboteurs are very real and need to be addressed before they derail your patient**

THANK YOU

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