



The Annenberg Academy for Team-Based Care

Interprofessional Care of Patients with Obesity

MANAGING PATIENTS WITH OBESITY: KEY CONCEPTS

Obesity was first formally recognized as a disease in 2013 by the American Medical Association, culminating more than 3 decades of debate and research. Four years later, the World Obesity Federation declared “Obesity is a chronic, relapsing, progressive disease process.” Subsequently, various organizations have developed guideline recommendations for managing patients with obesity. At the same time, there has been an explosion in pharmacologic and non-pharmacologic treatment options, offering new opportunities to improve the health outcomes of persons with obesity.

Key concepts to keep in mind when managing patients with obesity are:

- Obesity is a chronic, progressive, relapsing, and treatable neurobehavioral disease with a complex pathogenesis¹
- Obesity is an independent risk factor for numerous diseases, including type 2 diabetes, cardiovascular diseases, metabolic dysfunction-associated steatotic liver disease, obstructive sleep apnea, osteoarthritis, various cancers, and others^{1,2}
- Body mass index should not be used alone to screen for or diagnose patients with obesity^{1,3}
- Use of a staging system such as the Edmonton Obesity Staging System is useful to guide treatment based on obesity-related comorbidity and functional limitations^{4,5}
- As little as a 2.5% weight loss improves glucose metabolism and triglyceride levels, while a 5% weight loss also improves mobility, hepatic/urinary/sexual function, mood, and overall quality of life^{6,7}
- Recent evidence suggests that more ambitious weight loss goals and greater and more rapid weight loss increase long-term weight loss success⁸
- Lifestyle management supported by behavior modification is foundational for the treatment of patients with obesity^{9,10}
- Medications approved for long-term use for weight loss are primarily utilized to help patients adhere to a lower calorie diet to achieve weight loss and health benefits when combined with physical activity
- Patients eligible for weight loss medications include those with BMI ≥ 30 kg/m² or BMI ≥ 27 kg/m² with ≥ 1 weight-related comorbidity (i.e., T2DM, HTN, dyslipidemia) who have an inadequate response to lifestyle management^{7,11}

- Metabolic and bariatric surgery is strongly recommended to be considered in all patients with BMI ≥ 35 kg/m² or BMI ≥ 30 kg/m² (or ≥ 27.5 kg/m² for Asian individuals) with metabolic disease who do not achieve substantial or durable weight loss or comorbidity improvement with nonsurgical methods^{12,13}
- Obesity medications approved for long-term use, especially GLP-1 and GIP/GLP-1 receptor agonists, are more effective and generally better tolerated than many older medications^{7,11}
- Selection of a weight loss medication approved for long-term use should be made using shared decision-making with consideration of weight loss effectiveness, safety and tolerability, comorbidities, contraindications, dosing, route of administration, cost, and other patient factors⁷
- Weight loss medications compounded outside of an FDA-approved facility should no longer be used¹⁴

INTERPROFESSIONAL COLLABORATION: PRINCIPLES

For the evolution in treatment to be of optimal benefit to patients, comprehensive strategies for choosing, delivering, monitoring, and modifying therapy have become especially important. As a consequence, care is typically provided by an interprofessional, multidisciplinary care team that extends beyond physicians to include nurses, nurse practitioners, pharmacists, physician associates, social workers, and others, often involving collaboration between providers in community and academic settings.

To that end, the following reflects a conversation among 3 healthcare professionals about interprofessional care and how collaborative practices and teams can strengthen our health systems.

Christopher Flores, MD: In medical school, I was taught that the patient-doctor relationship was the most critical and important dynamic in healthcare. But after 30-plus years in clinical care, I can attest that healthcare is a team sport and we deliver care in teams of individuals with different training, different skills, different talents. And we teach each other, we learn from each other, we brainstorm and solve problems to meet the needs of the patient.

I want to make a point that interprofessional refers to clinicians in different professions, such as nurses, nurse practitioners, pharmacists, physicians, and physician associates. Multidisciplinary refers to clinicians in different specialties or sub-specialties, such as cardiology,



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dermatology, and oncology. LaTosha, do you want to talk about interprofessional collaboration?

LaTosha Mollette, DNP: The World Health Organization defines interprofessional collaboration as when multiple healthcare workers from various backgrounds work together with patients, families, and communities to provide the best healthcare possible.¹⁵ This is exactly what teamwork should look like, but it is important to remember that healthcare teams can vary from patient to patient.

I work in a rural setting, working together with various healthcare professionals to improve access to needed healthcare services, which helps to prevent unnecessary delays in care and treatment. Ultimately, working together as a team helps to meet the needs of others to improve health outcomes, patient care, and safety.

Christopher Flores, MD: I think all of us in healthcare are trying to figure out how to do things better, make life easier for ourselves, and make everybody happier, patients, our staff, and ourselves, to make things more sustainable. Interprofessional collaboration can accomplish this. There's a growing body of literature that shows that interprofessional collaboration can improve patient outcomes, acceptance of treatment, and satisfaction.¹⁶⁻¹⁹ It can decrease costs, improve efficiency, reduce disparities, improve health equity, and make things more sustainable for providers.^{16,20-27}

The Interprofessional Education Collaborative has identified 4 behavioral competencies for effective interprofessional collaboration: 1) roles and responsibilities; 2) values and ethics; 3) communication; and 4) teams and teamwork.²⁸ Michael, do you want to talk a little bit about the roles and responsibilities?

Michael Smith, PharmD: Certainly, it's one of these things that we don't often think about, but it's important for 2 reasons. One, understanding our own responsibility and roles that we have within our team and what our teammates can expect from us in terms of what we can deliver to them and deliver to patients.²⁸ The other is understanding what your team can do for you as well, so that you understand their educational background and you can help them practice at the top of their license by utilizing their skillset to the fullest extent.

It is increasingly common for clinicians, even those within a profession, to take different educational and practice paths leading to clinical practice. As an example, there are various differences in training a pharmacist. Nowadays, all pharmacists graduate with a Doctor of Pharmacy degree (PharmD), but some of us have done 1 or 2 years of residency training or postdoc fellowships. So, getting to know your teammates and what you can expect from them and what they can expect from you can really help your team function at a high level.

Christopher Flores, MD: We talk about values and ethics as well.²⁸ In medicine, we're constantly required to make very difficult and complicated treatment decisions for our patients. We really are missing a great opportunity if we don't involve the opinions of all the members of our team. What does the nurse think about this plan or what does the social worker who has talked to the family members think about this plan? Or what does the physical therapist think, who has been working with the patient for the last 3 days? LaTosha, what do you think about communication?

LaTosha Mollette, DNP: Communication is essential in everything we do, and it's how we're able to effectively achieve goals, as well as improve relationships and interactions with others.²⁸ The healthcare system is often described as being fragmented with little communication and collaboration, but when healthcare professionals communicate responsibly and respectfully, this allows them to overcome differences and work together to accomplish a shared goal, including learning from each other, to better improve patient outcomes and safety.^{21,29-31}

Christopher Flores, MD: We're talking a lot about teams and teamwork. Michael, do you have any other points you want to make about teamwork?

Michael Smith, PharmD: Most of us are members of various teams during the course of a typical day. Think about the team members that you work with to take care of patients, but also think about a team from a networking standpoint. Do you have a network of like colleagues? As an example, other pharmacists in our healthcare system may reach out to me for advice about a patient with pain, whether or not I'm actually seeing the patient. We can make our team small, we can make them big, but we should be making our teams in ways that everybody's functioning at a high level and putting the patient at the center of the team.



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Christopher Flores, MD: Michael, LaTosha talked about the fragmented healthcare system and how interprofessional collaboration can help with that. Do you have any examples from your experience?

Michael Smith, PharmD: Think about the patient's experience through our healthcare system. Even if a patient receives all of their healthcare within 1 system, they often have to travel to many different places just to access care. From a primary care clinic to a hospital, to a specialty clinic, to a pharmacy. We can fill these gaps by using our interprofessional framework, our education, and allowing our collaborative practice teammates to step in and fill that.

Christopher Flores, MD: In conclusion, I just want to summarize that medicine is a team sport and that there is a growing body of evidence that supports the various benefits of interprofessional collaboration. LaTosha, Michael, do you have any final thoughts?

LaTosha Mollette, DNP: I think just being willing to change is crucial. I think sometimes we have become complacent in clinical practice, but our healthcare system is ever evolving. So, learning how to be a team player always benefits everyone involved.

Michael Smith, PharmD: I've learned a great deal from my interprofessional colleagues, and I hope that I've helped them learn as well, with the ultimate goal of really improving patient care.

INTERPROFESSIONAL CARE OF PATIENTS IN THE PRIMARY CARE SETTING

The *2013 American Heart Association/American College of Cardiology/The Obesity Society Guideline for the Management of Overweight and Obesity in Adults* provided a treatment algorithm based on approaches “found effective under conditions in which multidisciplinary care teams of medical, nutrition, and behavioral experts and other highly trained professionals worked intensively with individuals on weight management.”³³ The Obesity Medicine Education Collaborative went further by emphasizing that working “collaboratively within an interdisciplinary team dedicated to obesity prevention and treatment strategies” is a core competency within the systems-based practice domain.³²

Recent investigations demonstrate the benefits on weight and other metabolic indicators when care is provided by an interprofessional, multidisciplinary care team.^{33,34} One is at Knownwell Health, an insurance-based primary care and

obesity care clinic that delivers care both in-person and virtually, with 80% provided virtually, generally after an in-person visit.³⁴ The Knownwell model utilizes a coordinated hybrid team approach to care for patients with obesity by an internal interprofessional, multidisciplinary care team of medical providers, dietitians, health coaches, pharmacists, and others. A referral network for outside psychological support and eating disorder treatment is also available. Collectively, the team provides care for all primary care needs that includes Pap smears, screening and referral for sleep apnea, and women's health and menopause treatment, although more than one-half are seen for metabolic health or obesity only. Knownwell investigators conducted a retrospective analysis showing that patients with obesity cared for by the hybrid team lost an average of 15% of body weight at 1 year. Ninety percent were prescribed a GLP-1 receptor agonist approved for weight loss, with an 81% medication persistence rate at 1 year.

A similar approach is to embed an interprofessional, multidisciplinary care team within an obesity clinic. This approach provides for:

- Shared intake assessments (eg, metabolic, nutrition, psychosocial)
- Co-visits (eg, primary care and dietitian or pharmacist)
- Behavioral interventions led by psychologists or health coaches
- Medication education and adherence and prior authorization led by pharmacist
- Team huddles to align on goals and barriers and provide individualized care

Another example is taking place at Washington State University, where internal medicine residents, pharmacy residents, and dietitians work through real-world case-based simulations in the American College of Physicians Obesity Management Learning Series.³⁵ Learners are taught to recognize individual care needs across cultures and communities to counter stigma and misinformation. The project is ongoing with the goal to equip each member of the interprofessional, multidisciplinary care team with the skills and understanding needed to deliver evidence-based and stigma-free obesity care to all.

Below are specific competencies gathered from the literature and subject matter experts for providing care to persons with obesity. Key competencies for all team members are to communicate using non-stigmatizing language and utilize motivational interviewing.



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| Profession/Discipline | Clinical knowledge | Clinical skills | Team competencies |
|---|--|---|--|
| Medicine (MD/DO, NP, PA) | <ul style="list-style-type: none"> • Understand obesity as a chronic, relapsing, neurohormonal disease • Identify obesity-related comorbidities • Understand use and role of medications • Understand eligibility for medications, bariatric surgery | <ul style="list-style-type: none"> • Conduct comprehensive obesity assessment • Select treatment using shared decision making • Initiate/Titrate medications • Integrate behavioral and nutritional recommendations into care plans | <ul style="list-style-type: none"> • Coordinate interprofessional, multidisciplinary care team • Participate in team huddles, case conferences |
| Nurse | <ul style="list-style-type: none"> • Understand obesity pathophysiology and chronic care principles • Recognize medication side effects and red-flag symptoms | <ul style="list-style-type: none"> • Perform vitals, anthropometrics, lifestyle screening • Providing education on medications, nutrition basics, activity • Reinforce behavioral strategies and care plans | <ul style="list-style-type: none"> • Identify barriers to adherence → make team aware • Coordinate supportive care and follow up |
| Pharmacist | <ul style="list-style-type: none"> • Thorough understanding of weight-loss medications, including drug-drug interactions, contraindications, monitoring parameters • Insurance requirements and prior authorization processes | <ul style="list-style-type: none"> • Initiate/Titrate medications under collaborative practice agreement • Provide patient education to promote adherence and optimize treatment benefits | <ul style="list-style-type: none"> • Educate team members on medications • Participate in case conferences for complex medication decisions • Coordinate with behavioral health and dietitians to optimize outcomes |
| Dietitian | <ul style="list-style-type: none"> • Evidence-based medical nutrition therapy for obesity • Influence of cultural, socioeconomic, and environmental factors on diet • Nutrition considerations for medications and bariatric surgery | <ul style="list-style-type: none"> • Conduct comprehensive nutrition assessments • Develop individualized nutrition plans • Develop group-based nutrition education | <ul style="list-style-type: none"> • Communicate nutrition goals to team • Collaborate on integrated care plans • Identify food insecurity and coordinate with social worker |
| Behavioral health (Psychologist, social-behavioral worker, counseling) | <ul style="list-style-type: none"> • Behavioral drivers of obesity • Interviewing frameworks • Screening for eating disorders, depression, anxiety | <ul style="list-style-type: none"> • Deliver evidence-based behavioral interventions • Conduct psychosocial assessments • Support readiness-to-change and goal setting | <ul style="list-style-type: none"> • Educate team on behavioral barriers • Comanage complex cases • Lead team training on stigma reduction |



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| Profession/Discipline | Clinical knowledge | Clinical skills | Team competencies |
|---|---|---|---|
| Physical/ Occupational therapist | <ul style="list-style-type: none"> Physical activity guidelines for obesity and comorbidities Functional limitations related to obesity Safe exercise prescription for diverse abilities | <ul style="list-style-type: none"> Assess mobility, strength, functional capacity Develop individualized activity plans Teach adaptive movement strategies | <ul style="list-style-type: none"> Communicate activity goals to team Integrate activity plans with nutrition and behavioral strategies Identify barriers → make team aware |
| Social worker | <ul style="list-style-type: none"> Social determinants of obesity Insurance coverage for obesity treatment and medications | <ul style="list-style-type: none"> Conduct social determinants of health assessments Connect patients to community resources Support insurance navigation and financial assistance | <ul style="list-style-type: none"> Identify social determinants of health barriers → make team aware Participate in care planning and follow up Support group visits and community-integrated programs |
| Community health worker | <ul style="list-style-type: none"> Basic understanding of obesity, nutrition, and activity principles Awareness of local community resources | <ul style="list-style-type: none"> Provide culturally grounded health coaching Support appointment adherence and follow up Conduct home-based assessments | <ul style="list-style-type: none"> Serve as liaison between patient and clinical team Identify barriers early → make team aware Reinforce care plans in real-world settings |

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