

Obesity Group Visits – Sample Curriculum

Physician facilitators for obesity group visits should follow the Five A's model of evidence-based behavior change counseling adopted by the United States Preventive Services Task Force (USPSTF). The Five A's model of behavior change provides a sequence of evidence-based clinician and office practice behaviors that can be applied in primary care settings to address a broad range of behaviors and health conditions. The Five A's are as follows: **assessing** patient level of behavior, beliefs and motivation; **advising** the patient based upon personal health risks; **agreeing** with the patient on a realistic set of goals; **assisting** to anticipate barriers and develop a specific action plan; and **arranging** follow-up support. Documentation of the Five A's approach is required by the Centers for Medicare and Medicaid Services (CMS) for Medicare reimbursement of Intensive Behavioral Therapy for obesity.

The Five A's may be implemented within group visits to address obesity and overweight as follows:

Assess:

Ask about or assess behavioral health risks(s) and factors affecting choice of behavior change goals or methods.

At the initial group visit or prior to that, a weight assessment should be completed for each patient (a sample weight assessment is available in the *Commit to Fit! Physician's Toolkit*). At every visit, the patient should be weighed, BMI calculated, and the weight assessment reviewed for changes. Periodically, patients should recomplete the full weight assessment for progress measurement. Additional factors a physician may wish to consider in an assessment include: dietary and physical activity behaviors, physical activity limitations, alcohol intake, prescribed medications that affect weight, blood pressure, laboratory values such as HbA1c, and depression screening.

Advise:

Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.

At each obesity group visit, the physician or other primary care support provider should provide topical information related to reducing obesity. Topics should relate to the three factors affecting weight: 1) low calorie/low fat diet, 2) increased physical activity, and 3) behavior modification. *Commit to Fit!* provides a website (www.commit2fit.com) that individuals may utilize for tracking their health behaviors including physical activity, nutrition, weight, hydration, and active transportation. The following list highlights curriculum topics that may be chosen for an obesity group visit:

General Topics

- What is body mass index (BMI) and what does it mean?
 - BMI = weight divided by height squared

- Standards are the same for both men and women
- Measures body fat and determines degree of obesity and health risk
- Useful for tracking treatment results
- May overestimate fat in athletes/others with muscular build
- Underestimates fat in older persons and others who have lost muscle mass
- Inaccurate for patients with edema
- Health benefits of weight loss
 - Reduction of conditions exacerbated by obesity including osteoarthritis, gallstones, stress incontinence, some gynecological conditions (amenorrhea and menorrhagia) and asthma
- Self-monitoring – keeping track with the assistance of the Commit to Fit! website (www.commit2fit.com)
 - Amount and types of food eaten
 - Frequency, intensity, and type of physical activity
 - Time, place and feelings
- Prescription weight loss drugs
 - When are they used
 - How do they work
 - Side effects

Topics Related to Diet

- Recommended balanced diet to lose weight
 - A. Reduce usual daily calorie intake by 500-1000 calories with a minimum intake of 1000-1200 calories
 - B. Consume 25 grams of fiber per day from sources such as whole grains, fruits, vegetables and legumes
 - C. Minimum 5 servings of fruits and vegetables per day
 - D. Protein should be no more than 15-20% of calories
 - E. Total fat should be no more than 25-30% and saturated fat no more than 10% of calories
- Portion control
 - A. Meal planning with the Plate method
 - B. Changes in food portions over the years
 - C. Ways to size up your servings
- Eating three meals a day, the importance of breakfast
- Reading nutritional labels
- Low-calorie, lower-fat alternative foods
- Food preparation methods and recipes
- Tips for eating out
- Increasing fiber in your diet
- Hidden calories consumed in beverages
 - A. Sugar sweetened beverages
 - B. Alcohol consumption
- Disadvantages of fad diets and over-the-counter weight loss drugs

Physical Activity Topics

- Rational/impact on comorbidities
 - Contributes to weight loss
 - Improves lipid profiles
 - Reduces blood pressure
 - Improves blood sugar and decrease insulin resistance
 - Reduces risk of cardiovascular disease and overall mortality
- The process for incorporating exercise into your life
 - Starting slowly (10 minutes per day)
 - Increase gradually to a goal of 30 minutes of moderate intensity exercise per day
 - Walking is cheap and accessible
 - Physical activity may be intermittent throughout the day (10 minute increments for benefit)
- Examples of moderate intensity exercise
- Limiting screen time

Behavior Modification Topics

- Defusing situations that lead to overeating
 - Coping strategies
 - Meditation
 - Relaxation techniques
- Problem-solving diet and exercise barriers
 - Identifying challenges
 - Brainstorming solutions
 - Plan and implement healthier alternatives
 - Evaluate outcomes
 - Reevaluate setbacks
- Depression and its effects on diet – binge eating (10-15% of mildly obese individuals have Binge Eating Disorder and the incidence is higher in the severely obese)

Agree:

Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.

At each obesity group visit, the physician should determine diet and physical activity goals with each individual patient. *The Commit to Fit! Physician's Toolkit* includes a Healthy Weight Plan form that documents goal setting and the process involved in achieving the goal(s). It also contains a Prescription for Health pad to share agreed upon goals.

Assist:

Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social or

environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.

Physicians should be able to provide their patients with resources related to weight loss or maintenance. The Prescription for Health pad provides information on utilizing the Commit to Fit! website with its activity and nutrition trackers. The Commit to Fit! Physicians Toolkit contains an order sheet for obtaining supplemental materials to provide patients including: "99 Ways to Better Health" brochure, "10 Tips for a Great Plate" flyer, "Sweet Dreams: Simple Steps for Better Sleep" handout, and the "Eat Smart, Re-think Your Drink" brochure. Point of decision posters available from Commit to Fit! may be placed in office waiting areas, examination rooms, on office doors, and at the reception desk to reinforce healthy messaging to patients. Physicians may contact the Greater Flint Health Coalition for additional patient resources such as Commit to Fit! fitness classes and challenges that are periodically offered. Information regarding these resources is also available on the Commit to Fit! website (www.commit2fit.com).

Arrange:

Schedule follow-up contacts (in person or by telephone) to provide assistance or support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

Group visits for the treatment of obesity should end with patients being informed of the next scheduled visits. If a regular office exam is needed to follow-up on another health condition, patients should be able to schedule these visits also. The Commit to Fit! Physicians Toolkit contains a prescription pad for a physician to document their recommended follow-up for the patient.

Obesity Group Visit Agenda Templates

The following templates are provided to illustrate how obesity group visit agendas may be structured to cover the curriculum topics presented. It is important to be flexible with group visit agendas as patients will offer suggestions as to the topics they are interested in covering. The key to successful group visits is remembering the patients should lead the discussion with the physician acting as the facilitator, not the lecturer.

Agenda - Obesity Group Visit 1

Understanding the Clinical Assessment, Treatment Plan, and Self-Monitoring

- As patients arrive, a nurse or medical assistant obtains patient weight (may need to have private location) and calculates BMI
- Completion of full weight assessment document (individually or as a group)
- Physician and staff greeting, explanation of group visit, and patient confidentiality agreements discussed/signed
- Patient introductions and brief sharing
- Topic facilitation/discussion:
 - A. What is BMI and what does it mean
 - BMI = weight divided by height squared
 - Standards are the same for both men and women
 - Measures body fat and determines degree of obesity and health risk
 - Useful for tracking treatment results
 - May overestimate fat in athletes/others with muscular build
 - Underestimates fat in older persons and others who have lost muscle mass
 - Inaccurate for patients with edema
 - B. Keeping a journal: self-monitoring of food eaten, physical activity, and feelings (Commit to Fit! website may be used as a tracker)
 - Amount and types of food eaten
 - Frequency, intensity, and type of physical activity
 - Time, place and feelings
 - C. Physical activity's rational/impact on comorbidities
 - Contributes to weight loss
 - Improves lipid profiles
 - Reduces blood pressure
 - Improves blood sugar and decrease insulin resistance
 - Reduces risk of cardiovascular disease and overall mortality
 - D. Exercise: Starting slowly, 10 minutes per day
- Break/Exams
 - Physician explains process for break
 - Patients socialize and have refreshments (suggest water and a fruit or vegetable sample, healthy recipe)
 - Physician individually reviews weight assessment with patient and together establish patient goals related to diet and exercise (Commit to Fit! tools: Healthy Weight Plan, Prescription for Health)
- Physician presents questions that arose during the individual exams and encourages patients to answer the questions, correcting as needed for accuracy
- Physician wraps up the session asking patients to suggest future topics, complimenting them on an excellent discussion and inviting them to the next obesity group visit

Agenda - Obesity Group Visit 2

Benefits of Weight Loss through Recommended Eating Plan and Exercise

- As patients arrive, a nurse or medical assistant obtains patient weight (may need to have private location), calculates BMI, and calculates weight change
- Physician, staff and patient greetings and brief sharing
- Topic facilitation/discussion:
 - A. Health benefits of weight loss
 - Reduction of conditions exacerbated by obesity including osteoarthritis, gallstones, stress incontinence, some gynecological conditions (amenorrhea and menorrhagia) and asthma
 - B. Recommended balanced diet and simple changes to get started
 - Reduce usual daily calorie intake by 500-1000 calories with a minimum intake of 1000-1200 calories
 - Consume 25 grams of fiber per day from sources such as whole grains, fruits, vegetables and legumes
 - Minimum 5 servings of fruits and vegetables per day
 - Protein should be no more than 15-20% of calories
 - Total fat should be no more than 25-30% and saturated fat no more than 10% of calories
 - Explanation of calories and determining patient needs
 - <http://nat.crgg.com/energy/daily.html>
 - C. Process for incorporating exercise into your life
 - Starting slowly (10 minutes per day)
 - Increase gradually to a goal of 30 minutes of moderate intensity exercise per day
 - Physical activity may be intermittent throughout the day (10 minute increments for benefit)
- Break/Exams
 - Physician explains process for break
 - Patients socialize and have refreshments (suggest water and a fruit or vegetable sample, healthy recipe)
 - Physician individually reviews weight assessment with patient and together establish patient goals related to diet and exercise (Commit to Fit! tools: Healthy Weight Plan, Prescription for Health)
 - Evaluate outcomes
 - Reevaluate setbacks
- Physician presents questions that arose during the individual exams and encourages patients to answer the questions, correcting as needed for accuracy
 - Problem-solving diet and exercise barriers
 - Identifying challenges
 - Brainstorming solutions
 - Plan and implement healthier alternatives
- Physician wraps up the session asking patients to suggest future topics, complimenting them on an excellent discussion and inviting them to the next obesity group visit

Agenda - Obesity Group Visit 3

More Information on Nutrition and a Review of Progress

- As patients arrive, a nurse or medical assistant obtains patient weight (may need to have private location), calculates BMI, and calculates weight change
- Physician, staff and patient greetings and brief sharing
- Topic facilitation/discussion:
 - A. Three meals a day recommendation
 - Importance of breakfast - associated with lower incidence of obesity, those who skip breakfast are 4.5 times more likely to be obese
 - B. Food pyramid explained
 - What are the food groups
 - Quantity of each group in a balanced diet
 - C. Commit to Fit! 99 ways to Exercise brochure
 - D. Review of self-monitoring exercise: patient observations – challenges and areas for modification/improvement
- Break/Exams
 - Physician explains process for break
 - Patients socialize and have refreshments (suggest water and a fruit or vegetable sample, healthy recipe)
 - Physician individually reviews weight assessment with patient and together establish patient goals related to diet and exercise (Commit to Fit! tools: Healthy Weight Plan, Prescription for Health)
 - Evaluate outcomes
 - Reevaluate setbacks
- Physician presents questions that arose during the individual exams and encourages patients to answer the questions, correcting as needed for accuracy
 - Problem-solving diet and exercise barriers
 - Identifying challenges
 - Brainstorming solutions
 - Plan and implement healthier alternatives
- Physician wraps up the session asking patients to suggest future topics, complimenting them on an excellent discussion and inviting them to the next obesity group visit

Agenda - Obesity Group Visit 4

Looking at Challenges: Portion Control, Screen Time, and Stress

- As patients arrive, a nurse or medical assistant obtains patient weight (may need to have private location), calculates BMI, and calculates weight change
- Physician, staff and patient greetings and brief sharing
- Topic facilitation/discussion:

A. Portion control

- Meal planning with the Plate method
- Changes in food portions over the years

Food	Original Size	Current Size
Chocolate bar	0.6 oz.	1.6-8.0 oz.
Soda	6 oz.	12-64 oz.
Fast food Fires	2 oz.	7 oz.

- Ways to size up your servings, visually estimate portion size
 - http://win.niddk.nih.gov/publications/just_enough.htm.

One Portion...	Looks Like...
Meat (3 oz.)	Deck of cards
Fruit (medium piece)	Tennis ball
Vegetable (1 cup)	Size of fist
Cheese (1 oz.)	Four dice

B. Limiting screen time (2 hours or less)

- Screen time correlation to weight
- Substituting physical activity

C. Diffusing situations that lead to overeating

- Coping strategies
- Meditation
- Relaxation techniques

• Break/Exams

- Physician explains process for break
- Patients socialize and have refreshments (suggest water and a fruit or vegetable sample, healthy recipe)
- Physician individually reviews weight assessment with patient and together establish patient goals related to diet and exercise (Commit to Fit! tools: Healthy Weight Plan, Prescription for Health)
 - Evaluate outcomes
 - Reevaluate setbacks
- Physician presents questions that arose during the individual exams and encourages patients to answer the questions, correcting as needed for accuracy
 - Problem-solving diet and exercise barriers
 - Identifying challenges
 - Brainstorming solutions
 - Plan and implement healthier alternatives
- Physician wraps up the session asking patients to suggest future topics, complimenting them on an excellent discussion and inviting them to the next obesity group visit

Agenda - Obesity Group Visit 5

More Challenges: Food Ingredients, Time for Exercise, and Depression

- As patients arrive, a nurse or medical assistant obtains patient weight (may need to have private location), calculates BMI, and calculates weight change
- Update of full weight assessment document (individually or as a group)
- Physician, staff and patient greetings and brief sharing
- Topic facilitation/discussion:
 - A. Reading nutritional labels
 - B. Hidden calories in beverages
 - Sugar sweetened drinks
 - alcohol
 - C. Evaluating the process for incorporating exercise
 - D. Depression and its effects on diet – binge eating (10-15% of mildly obese individuals have Binge Eating Disorder and the incidence is higher in the severely obese)
- Break/Exams
 - Physician explains process for break
 - Patients socialize and have refreshments (suggest water and a fruit or vegetable sample, healthy recipe)
 - Physician individually reviews weight assessment with patient and together establish patient goals related to diet and exercise (Commit to Fit! tools: Healthy Weight Plan, Prescription for Health)
 - Evaluate outcomes
 - Reevaluate setbacks
- Physician presents questions that arose during the individual exams and encourages patients to answer the questions, correcting as needed for accuracy
 - Problem-solving diet and exercise barriers
 - Identifying challenges
 - Brainstorming solutions
 - Plan and implement healthier alternatives
- Physician wraps up the session asking patients to suggest future topics, complimenting them on an excellent discussion and inviting them to the next obesity group visit

Agenda - Obesity Group Visit 6

Food Choices, Fiber, and Increasing Your Exercise

- As patients arrive, a nurse or medical assistant obtains patient weight (may need to have private location), calculates BMI, and calculates weight change
- Physician, staff and patient greetings and brief sharing
- Topic facilitation/discussion:
 - A. Low-calorie, lower-fat alternative foods
 - B. Increasing fiber in your diet
 - Whole fruits instead of fruit juice
 - Whole grain cereals for breakfast
 - Replace white rice, bread, and pasta with brown rice and whole-grain versions
 - Snack on raw vegetables instead of chips, crackers, or cookies
 - Use legumes in place of meat
 - C. Examples of moderate intensity exercise
 - Walking 1 ¾ mile in 35 minutes
 - Bicycling 5 miles in 30 minutes
 - Dancing fast for 20 minutes
 - Shoveling snow for 15 minutes
 - Gardening 30-45 minutes
 - Raking leaves 30 for minutes
 - Washing floors for 30-45 minutes
- Break/Exams
 - Physician explains process for break
 - Patients socialize and have refreshments (suggest water and a fruit or vegetable sample, healthy recipe)
 - Physician individually reviews weight assessment with patient and together establish patient goals related to diet and exercise (Commit to Fit! tools: Healthy Weight Plan, Prescription for Health)
 - Evaluate outcomes
 - Reevaluate setbacks
- Physician presents questions that arose during the individual exams and encourages patients to answer the questions, correcting as needed for accuracy
 - Problem-solving diet and exercise barriers
 - Identifying challenges
 - Brainstorming solutions
 - Plan and implement healthier alternatives
- Physician wraps up the session asking patients to suggest future topics, complimenting them on an excellent discussion and inviting them to the next obesity group visit

Agenda - Obesity Group Visit 7

Healthy Cooking and Eating Out

- As patients arrive, a nurse or medical assistant obtains patient weight (may need to have private location), calculates BMI, and calculates weight change
- Physician, staff and patient greetings and brief sharing
- Topic facilitation/discussion:
 - A. Food preparation methods and recipes
 - Web resources: <http://www.nhlbi.nih.gov/health/public/heart>
 - Keep the Beat: Heart Healthy Recipes
 - Heart Healthy Home Cooking – African American Style
 - Delicious Heart Healthy Latino Recipes
 - Stay Young at Heart: Cooking the Heart Healthy Way
 - B. Tips for eating out
 - Eating out 4 or more times per week is associated with obesity
- Break/Exams
 - Physician explains process for break
 - Patients socialize and have refreshments (suggest water and a fruit or vegetable sample, healthy recipe)
 - Physician individually reviews weight assessment with patient and together establish patient goals related to diet and exercise (Commit to Fit! tools: Healthy Weight Plan, Prescription for Health)
 - Evaluate outcomes
 - Reevaluate setbacks
- Physician presents questions that arose during the individual exams and encourages patients to answer the questions, correcting as needed for accuracy
 - Problem-solving diet and exercise barriers
 - Identifying challenges
 - Brainstorming solutions
 - Plan and implement healthier alternatives
- Physician wraps up the session asking patients to suggest future topics, complimenting them on an excellent discussion and inviting them to the next obesity group visit

Agenda - Obesity Group Visit 8

Honest Discussion of Fad Diets, Over-the-counter Remedies, and Prescription Weight Loss Drugs

- As patients arrive, a nurse or medical assistant obtains patient weight (may need to have private location), calculates BMI, and calculates weight change
- Update of full weight assessment document (individually or as a group) Physician, staff and patient greetings and brief sharing
- Topic facilitation/discussion:
 - A. Disadvantages of fad diets and over-the-counter weight loss drugs
 - Most over-the-counter diet aids are harmless and ineffective
 - Some (ephedra or ma huang) are dangerous especially if taking medications
 - B. Prescription weight loss drugs
 - <http://win.niddk.nih.gov/publications/prescription.htm>
 - When are they used
 - How do they work
 - Side effects
- Break/Exams
 - Physician explains process for break
 - Patients socialize and have refreshments (suggest water and a fruit or vegetable sample, healthy recipe)
 - Physician individually reviews weight assessment with patient and together establish patient goals related to diet and exercise (Commit to Fit! tools: Healthy Weight Plan, Prescription for Health)
 - Evaluate outcomes
 - Reevaluate setbacks
- Physician presents questions that arose during the individual exams and encourages patients to answer the questions, correcting as needed for accuracy
 - Problem-solving diet and exercise barriers
 - Identifying challenges
 - Brainstorming solutions
 - Plan and implement healthier alternatives
- Physician wraps up the session asking patients to suggest future topics, complimenting them on an excellent discussion and inviting them to the next obesity group visit