

Individual Sessions Model Training

NOVEMBER 13, 2023



Agenda

Introductions (10 minutes)

Brief overview of project (5 minutes)

Behavior change 101 (50 minutes)

Break (10 minutes)

Curriculum overview (10 minutes)

Exploring a few sessions (10 minutes)

Questions?



Welcome!

A little about me:

Graduated from medical school in 2000, then completed an internal medicine/pediatrics residency in 2005

Practiced primary care medicine in Grand Junction, CO for 10 years

Made a career shift to primary care-related research in 2015

Interested in figuring out how issues like obesity and chronic disease management can be addressed more effectively in primary care settings

Also interested in how SDOH impact health behaviors

Tell me about you!

Name

Practice

How is it that you ended up being here today?

What, if any, personal interest do you have in this topic?



Why are we doing this project?

Obesity is a prevalent health problem

Primary care is endorsed by patients and clinicians as a place where patients should get help to prevent and manage obesity

Evidence-based treatments for obesity are available

Most primary care practices do not have the personnel, training and resources to help patients with obesity

This project is to help you and your staff overcome barriers so you can help your patients with managing their weight



HOPE (Helping Our Patients Engage)

The name is the overall goal: *hope* – that something will work to support patients in developing health-promoting habits

Supportive way to encourage overall health improvement through behavior/habit change, not just for the sake of weight loss

Takes a continuity approach with the patient's practice team, doesn't have to be seen as a separate "program" from the health care you are already providing



Project Aims

Implementation Project, Funded by the **Patient Centered Outcomes Research Institute (PCORI)**

Intended to further implementation of evidence from PCORI-funded studies based on Intensive Behavioral Therapy (IBT) for Obesity

Goal: Help patients get the help they need to successfully manage weight by supporting primary care practice teams in delivering evidence-based obesity care

Aims:

1. Implement evidence-based approaches to obesity care through care delivery models
2. Evaluate the 1) adoption, implementation and maintenance of the IBT for obesity models at the practice level and 2) reach and effectiveness of weight loss and maintenance at 6, 12 and 18 months at the patient level.
3. Determine factors associated with successful implementation including contextual factors (external environment as well as organizational, practice and patient characteristics), IBT for obesity models and their components, and implementation strategies.



How it works

In the end: Patients get IBT for obesity delivered by your practice

Practice personnel pick a model to deliver the IBT with patients

- Individual visits | Billing clinician
- Individual visits | Health coach
- Group visits | Practice clinician

Those doing the delivery, get training on obesity treatment in general and with that specific model

Start delivering the care to patients in 2024

- Track how it is going and patient data

Try to get 50 patients within 18 months of enrollment

What is IBT for Obesity?

IBT = Intensive Behavioral Therapy

Consists of frequent visits/contact over at least a year

“Ideal” schedule of visits is:

- Weekly x 4 weeks
- Biweekly months 2 through 6
- Monthly for months 7 through 12

Uses the 5As approach to addressing obesity/weight management

Focuses on diet and physical activity change through goal setting

<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=353>

Behavior change – what does it take?



Is knowledge enough to support behavior change?

Short answer is NO!

Knowledge alone does not lead to attitude or behavior change for most people

Many people have tried to lose weight over and over again

Many people know the basics of weight loss and weight loss maintenance, and the curriculum CONTENT may not be that new

We know that knowledge is not typically enough to bring about sustained habit change

Habit formation

<https://medschoolinsiders.com/video/how-to-change-your-behavior-and-master-your-habits/>



What struck you?

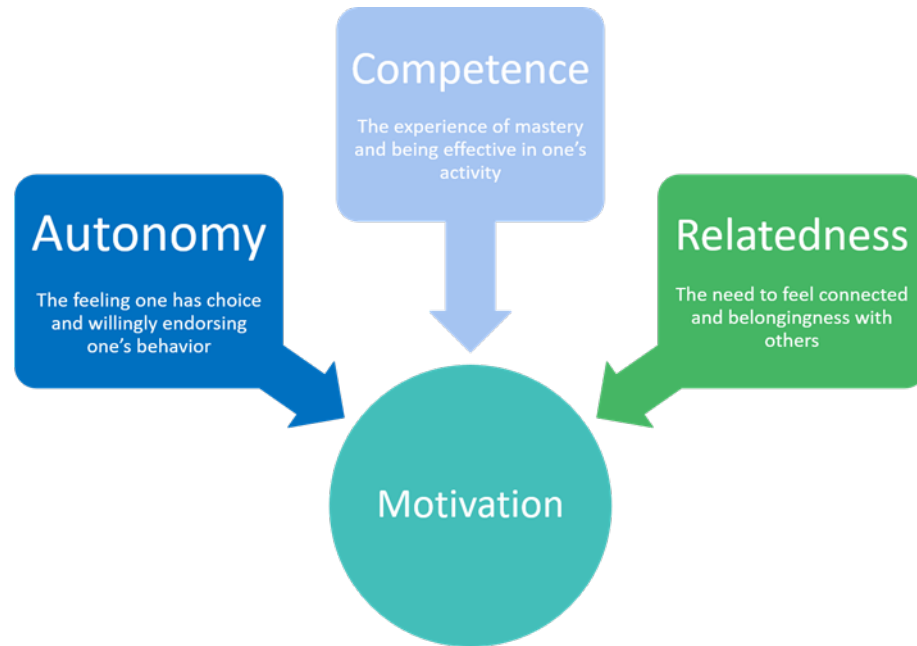
How does what this relate
to working with patients?

Behavior Change Theories



Self-determination theory

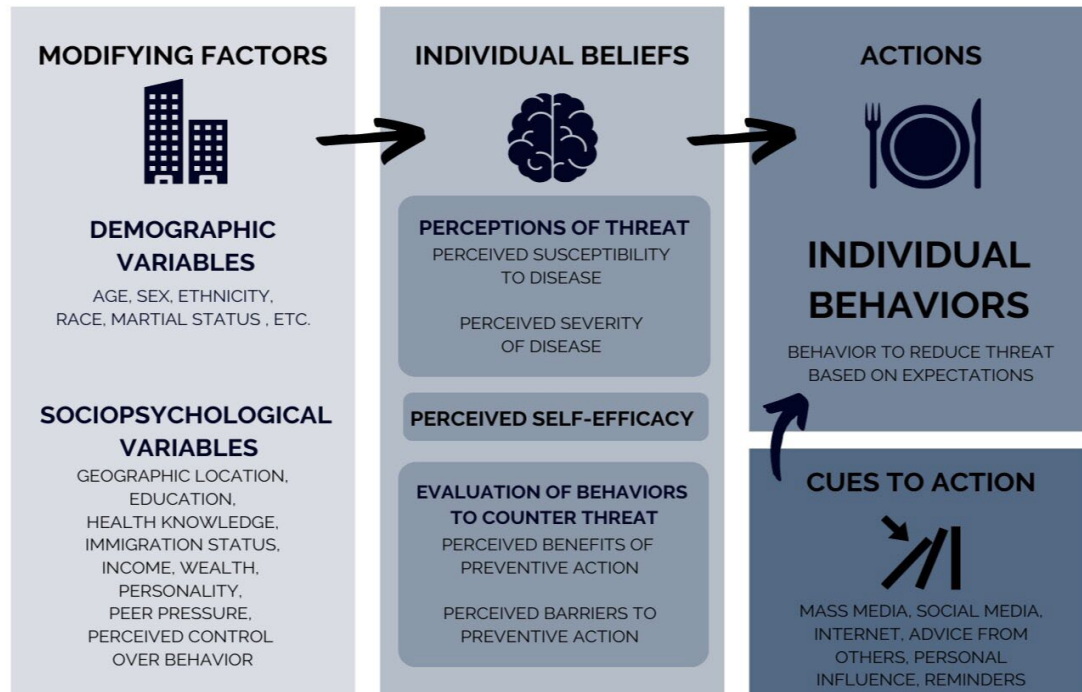
[https://www.youtube.com/watch?v=BUr42fXD
bTY](https://www.youtube.com/watch?v=BUr42fXD
bTY)



Health Belief Model

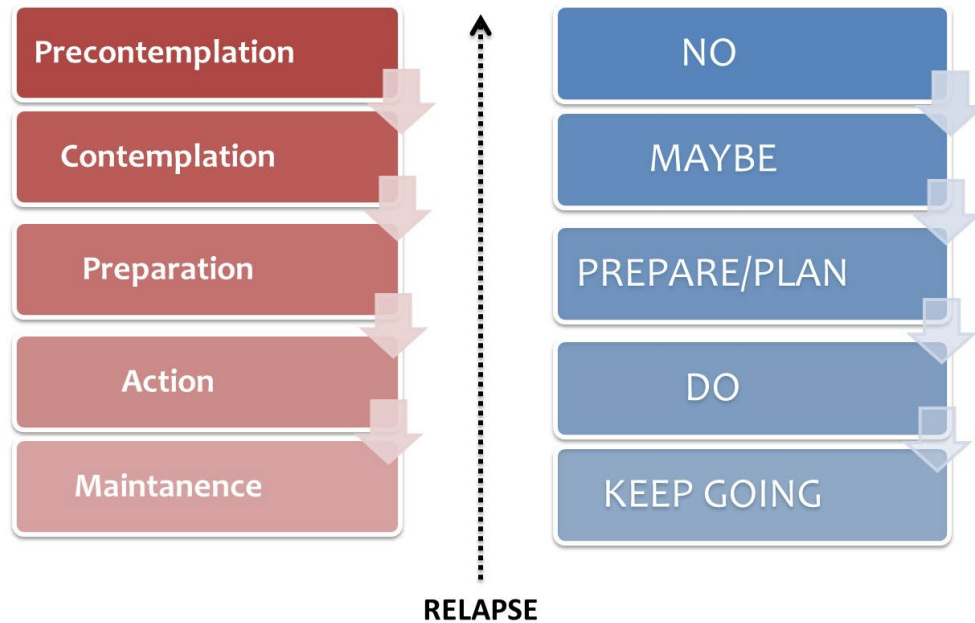
<https://www.youtube.com/watch?v=Knedre8UI60>

HEALTH BELIEF MODEL



Stages of change

Transtheoretical Model Stages of change



<https://www.youtube.com/watch?v=ayjXMix-nMw>

What commonalities do you see?

What can we take away from these theories?



Important points

Knowledge alone is not enough

Change has to be more important/valuable than staying the same to the person

People have different motivations, and it's important to understand these motivations

Set it up so the “right” choice is the easy choice

Small, specific goals

People need support and relationship over time to make lasting change



Communication approaches

Five As – IBT required approach

Ask

- Ask permission to discuss weight

Assess

- Assess what participant is currently doing, has done in the past, overall journey with weight
- Clinical parameters

Advise

- Important information about weight management
- Treatment or intervention options

Agree

- Treatment plan or approach, SMART goals

Assist

- With follow up appointments, connection to resources, referrals

Example of using 5As

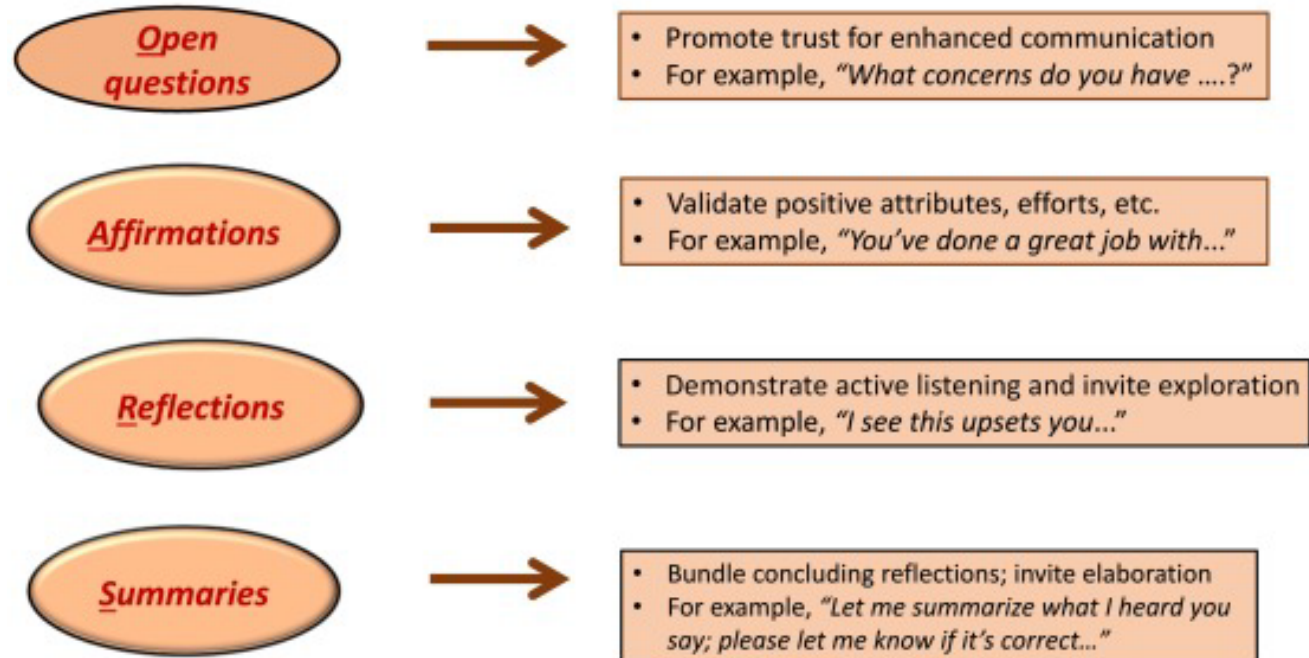
<https://www.youtube.com/watch?v=yzWfgjXsgr4>

What is motivational interviewing?

<https://med.stanford.edu/visit/the-clinical-encounter/treatment-options/motivationalinterviewing.html>

Motivational Interviewing

OARS: Four Core Skills of Motivational Interviewing



Motivational interviewing



Processes	Objectives	Questions to address
Engaging	Strengthen the link, show empathy and interest	What is the actual reality of the individual?
Focusing	Define and focus the discussion on the target of change	What should we address as a target of change?
Evoking	Objective 1: Reasons and abilities to change (the importance of change) Objective 2: Change talk (the confidence to change)	How relevant would it be to go towards change? What abilities, strengths does the individual have to get there?
Planning	Engagement talk. How to change	How will the individual get there?



What habit changes impact weight management?

What **habits** do we know work in the long run?

Diet tracking of some kind (self-monitoring)

Physical activity increase and tracking (self-monitoring)

Monitoring weight (self-monitoring)

Setting small goals on the way to bigger ones (e.g. SMART goals) and making action plans

Making the “right choice” the easy choice – setting up systems that work for people (not the same for everyone! Part of action planning)

SMART Goals:

SMART goals are:

Specific: what someone will do and how and where they will do it

Measurable: how will people know if they've achieved the goal

Achievable: something that the person can realistically attain

Relevant: related to the overall goal

Time-bound: for how long and over what period of time



Let's make these goals SMART

I am going to exercise more

I am going to eat healthier foods

I am going to sleep more

I am going to relax more

Break!



Individual sessions for HOPE

Why do individual visits for weight management?

One strategy for improving ambulatory care

Is the basis for effective weight management care

Patients benefit from the increased support and individualized attention around weight management

More flexible than group visits

Some people don't like groups!



HOPE Curriculum

Based on National Diabetes Prevention Program Curriculum

- Has been used in hundreds of sites across the country
- Started in 90s, has been updated multiple times since then
- Is the basis for most IBT curricula (including the studies that led to HOPE)

Adjusted for obesity

- Still focusing on diet/calorie tracking, increasing moderate physical activity, target percent weight loss
- Not specific to preventing diabetes
- Some content modified and additional resource options added

Long-standing, significant evidence for effectiveness

Topics – First six months

Foundational:

Introduction to the program

Burn More Calories than you Take In

Eat Well to Manage your Weight

Track your Food

Get Active to Manage your Weight

Track your Activity

Get More Active

Deeper dive:

Shop and Cook to Manage your Weight

Manage Stress

Find Time for Fitness

Cope with Triggers

Keep your Heart Healthy

Take Charge of your Thoughts

Get Support

Eat Well Away From Home

Stay Motivated to Manage your Weight



Topics – second six months (or longer)

When Weight Loss Stalls

Take a Fitness Break

Stay Active to Manage your Weight

Stay Active Away from Home

Learn About Obesity and Health

More About Carbs

Have Healthy Food You Enjoy

Get Enough Sleep

Get Back on Track

Manage your Weight —for Life!

If possible, use a team approach

Providing weight management/IBT is sometimes easier if multiple staff participate

Team members can include billing clinicians, nurses, health coach, medical assistants, behavioral health providers

Can alternate contact with patients

Billing is different depending on license



Basic principles

Active listening

Effective communication approaches

Emphasize health, not appearance or number on a scale

Create a safe and comfortable environment

Support people's decision-making, but help people set goals that are both realistic and will bring about change

Each session, you will review previous SMART goals, and adjust/set new ones

Encourage and praise!

Review progress on goals from previous session, as well as weight (if measuring each visit)

Ask what worked and what didn't in order to adjust next round of SMART goals

Keep the SMART goals in line with overall goals of:

- Increasing physical activity
- Tracking diet/calories
- Improving diet quality
- Stress management/self-care: need to replace unhealthy eating or PA behaviors with something – improve sleep, meditate, reward with other things, increased social connection, etc.

Diet tracking

Research shows that people underestimate their calorie intake (8– 50% and underestimation seems to be greater in people trying to lose weight!)

Research also shows that people who do more accurate tracking lose more weight

People often need some education on how to measure– especially around portion sizes, etc.

Also helpful for some people to record the context– what was happening when they ate, emotions – particularly for people who feel they eat in response to emotional stimuli

Options for tracking diet

Most intensive: Calorie counting on paper or app

- Help people determine their calorie needs: <https://www.mayoclinic.org/healthy-lifestyle/weight-loss/in-depth/calorie-calculator/itt-20402304>

Apps like MyFitnessPal or MyNetDiary

- <https://www.myfitnesspal.com/>

My Plate

- <https://www.myplate.gov/myplate-plan>

Easiest: Portion size (patient handouts to cover this) and ensuring 5 servings of fruit and vegetables per day

Paper tracking materials in curriculum as well

Physical activity tracking

Reminder/evidence for what the person is actually doing

Evidence shows that people with obesity generally take around 2000 fewer steps per day compared with people without obesity

Tracking can help increase steps per day and other types of activity

Similar to diet intake, people overestimate their physical activity

Can emphasize lifestyle activity – park farther away, take the stairs, walk around while talking on the phone, etc.

Options for tracking physical activity

Paper tracking materials in curriculum

Fitness tracker (FitBit or similar)

App like myfitnesspal

Sleep/stress management

Also important to look at these factors/habits

May be a way to reward the behavior change– and also make weight loss easier (win-win)

Consider enlisting your behavior health team if you practice in an integrated setting

Stress often triggers “relapse” of previous behaviors

Stress is associated with hormonal changes that promote weight gain

Curriculum

This is a guide, you can follow as closely as you want to but can change as well

Emphasize the seven foundational sessions

- For some these may seem “basic”
- Important to be sure that people have the basic concepts of diet change necessary for weight loss and diet tracking and how to increase and track PA
- Can pick and choose other sessions based on the individual’s needs and interests

There are patient handouts that cover the topics for each session, you can decide if you want to give all to people at the first session or hand them out at each session

Feel free to use any other handouts you like

Session structure

Each session is designed to take about 15 minutes

Based on the 5As approach

You are free to add content or come up with your own activities

You can consider other activities at your practice outside of these sessions

- Walking group
- Field trips for multiple people to do at once
- Guest lectures

Before each session

Review curriculum guide if you are unsure what to cover

Try to review the previous session notes for specifics for this patient

At each session

If in person, consider weighing:

- May want to discuss with people whether they want a weigh in each time
- We only need weights (for data collection) a few times over the course of the intervention, but not every time

Review how things have gone since last visit, especially how participants did with their SMART goals

Review any clinical issues – if they are on medication, lab results from prior, BP, etc.

Cover the new session information

Wrap up with setting new SMART goals and deciding when the participant will return and whether there are any referrals, prescriptions, labs to do before the next session

After each session

Complete notes/documentation needed if you are billing for these sessions

- Consider EMR templates if you are billing
- Consider visit type to make tracking easier

Make notes for yourself about what went well, what you would change next time, etc.

- You can adjust the curriculum as desired
- Feel free to add – more resources

Session examples:

Review of curriculum online

Questions?
