WEIGHT LOSS AND BEHAVIORAL COUNSELING FOR PRIMARY CARE PROVIDERS TO ENHANCE WEIGHT MANAGEMENT

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PROJECT METHODOLOGY

Chronic obesity has become a major health problem in the United States resulting in increased healthcare costs as well as increased morbidity. Despite many steps emphasizing the importance of addressing the problem, obesity is not being adequately managed in the primary care setting. Failure to address obesity in the primary care setting has been attributed to lack of provider knowledge, the absence of protocols to manage obesity, and fear of offending patients sensitive about their weight. This project aims to address these problems by providing educational materials and protocols to providers to address the growing problems of obesity.

Due to the rising healthcare costs of obesity Medicare has approved behavioral therapy and weight loss counseling for individuals with a body mass index > 30(9).

The Medicare reimbursement schedule is listed below:

- One face to face visit weekly for four weeks(9).
- One face to face visit every two weeks for months 2-6(9).
- Monthly visits for months 6-12 provided the participant meet certain weight loss goals in the first 6 months of the program(9).

Basal metabolic rate should be determined using the Milfin-St Jeor equation(10).

Daily caloric intake should be tracked over one week and reviewed with the provider to determine what calories can be cut out of the diet.

A diet should be recommended that creates a 500-1000 Cal/day deficit.

Face to face visits should be used to track progress, celebrate success, and identify areas for improvement.

Pre and Post weights should be used to measure the success of the program.

REFERENCES


CONCLUSIONS

Studies have shown that primary care-based weight loss programs have been associated with a reduction in body weight as well as improvement of many co-morbid conditions associated with obesity.