Manageable Challenge
Patient Schedule for Office Visits and Telephone Calls

It's A Guide Not a Mandate

The Patient Schedule is meant to serve only as a guide. As the practitioner, you need to use it as you see fit. Some practitioners will want to conduct several office visits and phone calls while others will want to combine them. Similarly, some practitioners will want to provide individual visits whereas others will prefer group visits. According to the US Preventive Services Task Force, providing fewer than 12 sessions within 12 months yielded a weight loss of 3-9 lbs and providing 12-26 sessions in 12 months produced a weight-loss of 9-15 lbs. You must also consider payer policies. Some payers will cover very little whereas Medicare, for example, covers a maximum of 22 Intensive Behavioral Therapy visits in a 12-month period. Although the Patient Schedule does not cover that many visits, you may easily repeat the same interventions presented for OVs 4-5-6 for subsequent visits.

In addition to the OV Schedule, useful Guides are provided to help you conduct the office visits.

Evidenced-Based Program

The Patient Schedule is based on: (1) "Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, The Evidence Report,"(National Institutes of Health, 1998); (2) "The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults" (National Institutes of Health, 2000); and (3) "Screening for and Management of Obesity in Adults, Recommendation Statement," (United States Preventive Services Task Force, 2012). These three sources are considered the leading references for weight-loss.

The one key difference between our protocol and the 3 sources referenced above pertains to the point at which exercise is introduced as part of one's weight loss plan. The 3 sources recommend the early introduction of exercise, combining it with lowering caloric intake although they also recognize that exercise does not account for much weight-loss. Manageable Challenges recommends exercise after a person has lost weight for several months; otherwise, the person may be assuming too many challenges. Moreover, the evidence shows that exercise primarily is good for maintaining weight-loss and for improving cardio-vascular health. Nonetheless, our program does not rule out exercise if a patient wishes to do so.

On OV 1, Give Your Patients the Patient Packet with the Weight-Loss Tool Kit

To help your patients lose weight, we strongly urge them to use the Patient Packet with the Weight-Loss "Tool Kit." The Packet explains the program to your patients and gives them useful tools to help them lose weight. You or your staff probably will need to answer some questions, and a few patients will require more time than others to fully understand the program. The Patient Packet is consistent with the above-referenced guidelines and enriches the intensive interventions as recommended by the guidelines.

You can download the Packet at:
http://www.nysafp.org/weightloss/AFP-MC-Patient-Packet.pdf

Give copies to your patients or ask them to go to the Academy Website so they can access the Packet directly at http://www.nysafp.org/loseweight.

Weight-Loss Counseling for Manageable Challenge

Patient Schedule for Office Visits & Telephone Calls

Patient Name: ______________________________ **Age:** ______ **Sex:** ☐ M ☐ F **Doctor:**__________________________

ENCOUNTERS	DATE	TASKS	NOTES
<u>Assess, Advise, Agree</u> **Introduction to Program & Patient Education** **OV 1** (intensive; up to 10-20 min) OV's during the first 6 months are important.		☐ History of Overweight (ask patient about weight history, dietary habits, physical activities, medications, prior weight-loss attempts)____________________________ ☐ Determine if Patient Should Lose Weight • Measure BMI (see Guide #1 for chart) _____ • Measure Waist Circumference if BMI is 25 to 35 ___ (see Guide #2 for instructions) • Assess Risk Factors (See list in Guide #3) ______________________________ ☐ Advise Pt to lose weight if Pt has either: a) BMI $\geq$ 30, **<u>or</u>** b) BMI 25 -29.9 and $\geq$ 2 risk factors **<u>or</u>** c) Waist circumference $>$ 88 cm (f) & $>$ 102 cm (m) and $\geq$ 2 risk factors ☐ Discuss health risks and dangers of obesity ☐ Is Pt motivated to lose weight or at least consider a 2-4 week "trial"? __YES: (a) discuss Manageable Challenge & explain the rigors of weight loss; (b) provide Patient Packet, which provides tools for the Pt; (c) briefly review the Packet w/ Pt and (d) ask Pt to review Packet in more detail before OV 2 __NO: terminate OV and re-schedule for later date if appropriate.	See Guide #5 for an important note on Medicare Reimbursement
<u>Assist</u> **Development of Personalized Plan** **OV 2** (intensive; up to 15-25 min. All office visits may be individual or group visits)		☐ Set a realistic weight loss goal (eg, 25 lbs, 50 lbs, etc.): ___ ☐ ___Pounds lost per week (suggest only 1-2 pounds per week) ☐ Number of weeks: ___ ☐ CHOOSE A START DATE: ____________ ☐ Find the Patient's Daily Calorie Cap: _______. Stress that the Cap cannot be exceeded (See Step #5 in Patient Packet, page 3) ☐ <u>Explain how Weight-Loss Tools will help Pt stay beneath Cap</u> • Calorie Wheel (Tool #1, see Patient Packet, Page 8) • Picture Portion Guide (Tool #2, Patient Packet, Page 8) • How to Read Food Labels (Tool #3, Patient Packet, Page 9) • Calorie Log (Tool #4, Patient Packet, Page 9) • "Banking" concept (Tool #5, Patient Packet, Page 9) • Exercise (Tool #6, Patient Packet, Page 10) • Helpful Tips (Tool #7, Patient Packet, Page 10) ☐ Consider medications	

OVER

ARRANGE FOLLOW-UP CONTACTS, INTENSIVE BEHAVIORAL INTERVENTION, TREATMENT PLAN ADJUSTMENTS, REFERRAL TO OTHER SERVICES			
ENCOUNTERS	**DATE**	**TASKS**	**NOTES**
PHONE CALL (prior to Start Date)		☐ Reaffirm Start Date, review reasons for losing weight, remind Pt to review Manageable Challenge Patient Packet	
PHONE CALL (on Start Date)		☐ Reassure, encourage	
Early Progress Report **PHONE CALL** (5-7 days after Start Date)		☐ Did Pt begin weight loss on Start Date? __YES: then reassure, encourage, review progress. Remind Pt to use log, calorie wheel, picture portion guide, "banking concept," helpful tips __NO: pick new Start Date via phone or new OV; then repeat phone call on Start Date and 5-7 days after Start Date	
Status Update: **OV 3**		☐ Measure BMI ☐ If Pt losing weight, then reassure, encourage, review progress ☐ If Pt not losing weight, review weight loss goal, plan, use of Manageable Challenge weight-loss tools, and revise accordingly	
Status Update **PHONE CALL**		☐ If Pt is continuing weight loss plan, then reassure, encourage, review progress ~OR~ ☐ If Pt terminated weight-loss plan, does s/he want to resume? __YES, new Start Date:_____ and repeat phone call on Start Date and 5-7 days after and conduct OV's. __NO, then discuss reasons, encourage Pt to resume weight loss plan	
Status Update: **OV 4**		☐ Measure BMI ☐ If Pt losing weight, then reassure, encourage, review progress ☐ If Pt not losing weight, review weight loss goal, plan, use of Manageable Challenge weight-loss tools, and revise accordingly ☐ If Pt terminated weight-loss, then discuss reasons, encourage Pt to resume plan ☐ Medications: review any use of weight-loss medications, determine if side effects	
Status Update: **OV 5**		☐ Measure BMI ☐ If Pt losing weight, then reassure, encourage, review progress ☐ If Pt not losing weight, review weight loss goal, plan, use of Manageable Challenge weight-loss tools, consider reducing calorie cap if Pt has equilibrated ☐ If Pt terminated weight-loss, then discuss reasons, encourage Pt to resume plan	
Status Update: **OV 6**		☐ Repeat above protocols. ☐ Suggest initiation of exercise and eating healthier foods (consider referral to a nutritionist) See Guide #4 regarding Exercise ☐ Consider reducing calorie cap if Pt has been losing weight ☐ Research shows that more OVs (up to 26 in a year) usually produce greater weight loss. We encourage you to provide more OVs by repeating the protocol for OVs 4 - 6	
Maintenance Counseling		Although rate of weight loss diminishes after 6 months, visits beyond that point can be beneficial. A majority of patients will gradually regain weight unless they are on a weight maintenance program consisting of a new, lower daily calorie cap that reflects their lower weight, physical activity, and a low-calorie diet. See Guide #4 for details on weight-loss maintenance.	

Guide #1: BMI Chart

BMI is a practical indicator of the severity of obesity. It is based on weight and height, regardless of gender. A simple BMI chart is on the next page. The patient should be weighed with shoes off and clad only in a light robe or undergarments. *Note: BMI overestimates body fat in persons who are very muscular and can underestimate body fat in persons who have lost muscle mass (e.g., the elderly).*

BMI for Non-Overweight Patients

For patients who do not have a history of being overweight, a 2-year interval is appropriate for the reassessment of BMI.

Body Mass Index Tables

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height	Body Weight (pounds)																
58 in.	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
59 in.	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
60 in.	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
61 in.	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
62 in.	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
63 in.	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
64 in.	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
65 in.	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
66 in.	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
67 in.	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
68 in.	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
69 in.	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
70 in.	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
71 in.	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
72 in.	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
73 in.	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
74 in.	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
75 in.	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
76 in.	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287

BMI	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
58 in.	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248
59 in.	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257
60 in.	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266
61 in.	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275
62 in.	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284
63 in.	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293
64 in.	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302
65 in.	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312
66 in.	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322
67 in.	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331
68 in.	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341
69 in.	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351
70 in.	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362
71 in.	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372
72 in.	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383
73 in.	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393
74 in.	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404
75 in.	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415
76 in.	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426

Guide #2: Waist Circumference for Patients with BMI of 25 to 35

Waist circumference correlates with the amount of fat in the abdomen, and thus is an indicator of the severity of abdominal obesity. Fat located in the abdominal region is associated with greater health risks than that in peripheral regions, eg, the gluteal-femoral area.

Although waist circumference and BMI are interrelated, waist circumference provides an independent prediction of risk over and above that of BMI. However, if a person has a BMI equal to or greater than 35, then waist circumference has little predictive power of disease risk beyond that of BMI. Therefore, measuring waist circumference is not necessary for these people.

Monitoring changes in waist circumference over time may be helpful, in addition to measuring BMI, since it can provide an estimate of increased abdominal fat even in the absence of a change in BMI. The waist circumference at which there is an increased relative risk is as follows:

Men: > 102 cm (> 40 in)

Women: > 88 cm (>35 in)

Instructions for Measuring Waist Circumference:

To define the level at which waist circumference is measured, a bony landmark is first located and marked. The patient stands and the examiner, positioned at the right of the subject, palpates the upper hip bone to locate the right iliac crest. Just above the uppermost lateral border of the right iliac crest, a horizontal mark is drawn, then crossed with a vertical mark on the midaxillary line. The measuring tape is placed in a horizontal plane around the abdomen at the level of this marked point on the right side of the trunk. The plane of the tape is parallel to the floor and the tape is snug, but does not compress the skin. The measurement is made at a normal minimal respiration.

Guide #3: Assessment of Risk Factors

The risk factors that should be considered include:

1) Established Coronary Disease

- History of myocardial infarction
- History of angina pectoris (stable or unstable)
- History of coronary artery surgery
- History of coronary artery procedures (angioplasty)

2) Presence of Other Atherosclerotic Diseases

- Peripheral arterial disease
- Abdominal aortic aneurysm
- Symptomatic carotid artery disease

3) Type 2 Diabetes

4) Sleep Apnea

5) Identification of Other Obesity-Associated Diseases Family Support

Obese patients are at increased risk for several conditions that require detection and appropriate management, but that generally do not lead to widespread or life-threatening consequences. These include:

- Gynecological abnormalities
- Osteoarthritis
- Gallstones and their complications
- Stress incontinence

6) Identification of Cardiovascular Risk Factors that Impart a High Absolute Risk

Patients can be classified as being at high absolute risk for obesity-related disorders if they have 3 or more of the multiple risk factors listed below. The presence of high absolute risk increases the intensity of cholesterol-lowering therapy and blood pressure management.

- Cigarette smoking
- Hypertension
- High-risk low-density lipoprotein cholesterol
- Low high-density lipoprotein Cholesterol
- Impaired fasting glucose
- Family history of premature CHD
- Age: male – 45 years; female – 55 years (or postmenopausal)

7) Other Risk Factors

- Physical inactivity
- High triglycerides

Guide #4: Maintaining Weight Loss

A majority of patients will gradually regain weight unless they are on a weight maintenance program. The doctor and the patient both should recognize that weight maintenance is now the new priority.

Successful weight maintenance is defined as a regain of weight that is less than 6.6 pounds in 2 years and a sustained reduction in waist circumference of at least 1.6 inches.

For patients to maintain their weight loss:

- Make sure their Daily Calorie Cap is accurate. Now that they have lost some weight, most likely their Calorie Cap is lower than when they started their diet. You may need to help them find their new Cap.
- Encourage them to exercise because it is one of the best ways to keep from regaining those lost pounds. See below for suggestions on exercising.
- Encourage them to eat a healthy diet. Offer suggestions on healthy diets or refer them to a nutritionist who can help identify different diets that will be tasty and low in calories.
- Encourage patients to use the tools in the Patient Packet such as the Calorie Wheel and the Picture Portion Guide and read food labels. Tell patients they may need to start using the Calorie Log if they are regaining weight because the Log will help them keep track of how many calories they are eating.

No single method or combination of behavioral methods has proven to be clearly superior. Thus, various strategies can be used to modify patient behavior.

Patients must be willing to make a life-long commitment to behavior change, which means exercise, eating healthy foods, and staying at one's calorie cap. Otherwise, long-term weight reduction is unlikely to succeed.

Physical Activity

Most weight loss occurs because of decreased caloric intake. Sustained physical activity modestly contributes to weight loss but it is most helpful in the prevention of weight regain. In addition, physical activity is beneficial for reducing risks for cardiovascular disease and type 2 diabetes beyond that produced by weight reduction alone.

Short-term: moderate levels of physical activity for 30-45 minutes, 3-5 days per week.

Long-term: at least 30 minutes or more of moderate-intensity physical activity on most and preferably all days of the week.

All at Once or Intermittently: exercise can be done all at one time, or intermittently over the course of the day.

The need to avoid injury during physical activity is a high priority. Extremely obese persons may need to start with simple exercises that can be intensified gradually. The practitioner must decide whether exercise testing for cardiopulmonary disease is needed before embarking on a new physical activity regimen.

For most obese patients, physical activity should be initiated slowly and the intensity should be increased gradually. The patient's ability to engage in these activities must first be assessed.

Guide #4: Maintaining Weight Loss *(continued)*

A regimen of daily walking is an appealing form of physical activity for many people. The patient can start by walking 10 minutes, 3 days a week, and can build to 30-45 minutes of more intense walking at least 3 days a week and increase to most, if not all, days. With this regimen, 100 to 200 kcal/day of physical activity can be expended.

Examples of Moderate Amounts of Physical Activities*

Common Chores**

Washing and waxing a car for 45–60 minutes
Washing windows or floors for 45–60 minutes
Gardening for 30–45 minutes
Wheeling self in wheelchair for 30–40 minutes
Pushing a stroller 1.5 miles in 30 minutes
Raking leaves for 30 minutes
Walking 2 miles in 30 minutes (15 min/mile)
Shoveling snow for 15 minutes
Stairwalking for 15 minutes

Sporting Activities**

Playing volleyball for 45–60 minutes
Playing touch football for 45 minutes
Walking 13/4 miles in 35 minutes (20 min/mile)
Basketball (shooting baskets) for 30 minutes
Bicycling 5 miles in 30 minutes
Dancing fast (social) for 30 minutes
Water aerobics for 30 minutes
Swimming laps for 20 minutes
Basketball (playing a game) for 15–20 minutes
Jumping rope for 15 minutes
Running 11/2 miles in 15 minutes (15 min/mile)

** A moderate amount of physical activity is roughly equivalent to using approximately 150 calories of energy per day, or 1,000 calories per week.*

***Some activities can be performed at various intensities; the suggested durations correspond to expected intensity of effort.*

Guide #5: A Note On Reimbursement

Medicare

Medicare will provide coverage for weight-loss counseling if counseling is provided by a primary care physician or other primary care practitioners and in a primary care setting. Medicare covers a maximum of 22 Intensive Behavioral Therapy visits in a 12-month period. Medicare beneficiaries are eligible for:

- One face-to face visit every week for the first month
- One face-to-face visit every other week for months 2-6, and
- One face-to-face visit every month for months 7-12 IF the beneficiary meets the 3kg (6.6 pounds) weight loss requirement during the first 6 months

At the 6-month visit, a reassessment of obesity and a determination of the amount of weight-loss must be performed. If the beneficiary has lost at least 6.6 pounds, it must be documented in the physician office records. For people who do not achieve a weight-loss of at least 6.6 pounds during the first 6 months of Intensive Behavioral Therapy, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period.

Other Payers

Under the Federal Affordable Care Act, nearly all insurance plans, including those provided by self-insured employers, are required to cover office visits for obesity screening and counseling. The number of office visits varies by plan, but must be adequate. Reimbursement amounts also vary.