

GOING VIRAL: COVID-19 and Obesity
with
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EPISODE 4: Communicating with Patients

ADRIAN BANNING: Hello and welcome. I'm Adrian Banning, Doctorate of Health Science, PA-C. And I'm also an associate professor at the Delaware Valley University PA Program. I'm here today with Going Viral, COVID-19 and Obesity. This is a podcast series developed by the American Academy of Physician Associates and sponsored by an independent educational grant from Pfizer.

In this new season, through a four-part series, we'll be diving deeper into the importance of diagnosing and treating COVID for an especially at-risk population group, those managing obesity and other metabolic conditions.

The COVID-19 pandemic is entering its, yep, fourth year, with new variants like BQ 1 and BQ 1.1 increasingly evading the body's immune defenses. XBB 1.5 is emerging, there are rising hospitalizations, like a 30% increase over just two weeks in December of 2022, underutilization of treatments and boosters, in particular the bivalent vaccines. They're all posing challenges in our efforts to end this pandemic.

Concurrently, most Americans see COVID-19 as no longer a disruption to daily lives, and 45% actually say to move on. So, there's an urgent need to remind healthcare professionals and patients of the importance of COVID-19 diagnosis and treatment, especially for those at high risk for severe disease, such as those managing obesity and other metabolic conditions.

Throughout the pandemic, PAs have played a critical role in helping combat COVID-19. And as diagnosis and treatment shifts to the outpatient setting, PAs are still ready to meet the challenge on our frontlines.

Today I'm joined by two of those PAs, Angela Thatcher, PA-C, owner of Lifelong Health & Wellness, and Sampath, Sam, Wijesinghe, DHSC PA-C, American Academy of HIV Specialists, and clinical assistant professor of medicine at Stanford University. Let me tell you a little bit more about these two.

Dr. Sam Wijesinghe is the editor and author of *101 Primary Care Case Studies*. He's a clinical assistant professor and the director of career development at the MSPA Program at Stanford School of Medicine. He practices primary care and HIV medicine at Adventist Health Central Valley Network, and his clinical interests include primary care medicine, infectious diseases, HIV medicine, and global health.

Angela Thatcher is an obesity medicine PA in North Carolina. She holds the certificate of Advanced Education in Obesity Medicine, through the Obesity Medicine Association, and is a faculty member with the AAPA Obesity Community of Practice Program. Prior to opening her own practice last year, she worked in rural family medicine and urgent care.

ADRIAN BANNING: So let's dig into this conversation. How do physician associates and other healthcare professionals bring up the topic of COVID-19 with their patients with obesity?

DR. SAM WIJESINGHE: Yes, I would say establish rapport, and then assess patients' knowledge and concerns. Then provide information on COVID-19 risks. So let me try to explain those a little further. As far as establishing rapport, begin by creating a comfortable and non-judgmental environment for the patient, and ask the patient's permission to discuss weight, empathy and active listening are crucial in building trust and understanding.

And then when it comes to assessing patient's knowledge and concerns, ask open-ended questions to gauge patients' understanding of COVID-19 and their specific concerns related to obesity. This allows you to tailor the discussion to their individual needs.

And then finally explain that individuals managing obesity are more susceptible to severe illness, hospitalization, and complications from COVID-19.

Having said that, I think it is important to point out that when I have a new patient, I normally – and let's say they don't have acute COVID-19 infection right now – obesity is not something that I bring up at the beginning of our conversation.

Because I have heard many times from my patients they have gone to some doctors, PAs and nurse practitioners in the past, and the first thing they talk about is obesity. And they feel very upset about that.

If I take care of a new patient and then let's say this is my first visit and then if they have COVID-19 infection acutely, and then obesity is playing a role there and then this patient might be a candidate for antiviral, then I know that I need to bring up this topic.

I think that the points that you made, Sam, are excellent, that the rapport and the relationship is really what's important.

And that can really influence how they feel about coming to a medical appointment. They may have a significant amount of anxiety about appointments. They may feel a lot of embarrassment and shame. Or they may not really have a big amount of trust for healthcare providers.

I think it's really easy in our very busy encounters to get in the habit of, you know, "I need to cover these subjects, I need to give this information," but it goes a long way to

ask. If you for example were going through risk factors for COVID-19, are there any of these that you would like my help addressing?

I think it's important for us to emphasize prevention when we're talking specifically about COVID-19. It's so important for us to discuss measures like wearing masks, practicing good hand hygiene, maintaining physical distancing, and getting vaccinated.

So I think it's important for patients to hear their healthcare providers say that vaccines are safe, they're effective, they're still important and they're recommended for all of our patients, and especially for patients who are managing obesity.

ADRIAN BANNING: Sam and Angela, thanks so much for giving us your tips and tricks and best practices for how you start this conversation. A very common question that my students will ask is, "Well, what if the patients say no?"

DR. SAM WIJESINGHE: I think that is a very interesting question. In my case, I always believe in shared decision making. So I ask them whether it is okay to talk about this, and most of the time they are okay to talk about it. And then after I explain the benefits and risks with something, then they might say, I really don't want to do it. And then I completely respect that. And then I say, "I know it is not something you want to do right now, but I encourage you to think about it."

And then I say, "If you don't mind, I would like to provide a little bit more information. I can do it now or I can maybe give you a resource to read about it." And then almost all the time they will be okay with that. They might say, "Okay, yeah, why don't you go ahead and tell me a little bit more."

So I will give my message, I will not push it too much. I have had many patients that come back to me and they have changed their mind, and now they want to receive the vaccine, or start the treatment. They go home and call me and say, "Yeah, I would like to start the antiviral medication now."

And then sometimes I have even done things like I send the medication to the pharmacy, and then I tell the patient, you know, because this is a time-sensitive thing, that is why I am sending it to the pharmacy, but it is up to you to go and pick up the medication and start the medication. And then I have had many patients who said no at the beginning, and then they have gone to the pharmacy and pick up the medication and start it.

If you really personalize by listening to them, there is a very, very good chance we can convince them.

ADRIAN BANNING: Angela, what are your thoughts?

ANGELA THATCHER: I think they don't want to talk about weight if they don't feel like you have heard them and you have addressed their concern. It's fine if you're honest

that weight is a part of what needs to be considered, but very often patients with obesity particularly, with severe obesity, their concerns can be very quickly dismissed and blamed upon their weight instead of being actually investigated and addressed. So I think that's always going to be kind of off-putting to a patient.

And then reassure the patient that you're still going to help them with their health. That doesn't close the door on you helping them. That just closes the door on that discussion today. I think it's also important to remember that as a physician associate, we are just a part of that patient's team that will provide them medical care over their lifetime.

And so maybe we won't get to tell them what we want to about weight. But maybe if we handle that well, and we handle it very respectfully, then the next medical provider that sees them has the opportunity to do that. So I think it's more about the big picture than what you can accomplish in that particular visit.

ADRIAN BANNING: Angela, you talk so much about really conveying the respect that we have for patients. How do you respectfully explain why patients managing obesity have higher risk for complications from COVID-19?

ANGELA THATCHER: I think that it's important to start off with expressing empathy and understanding and making things very individualized to the patient that you're speaking with, expressing I understand that managing obesity can be really challenging and I want you to know that I'm here to support you through this part of your healthcare journey.

I think if we start to discuss about specific risks, it's important to talk through that obesity can increase risk of various health conditions like heart disease and diabetes and respiratory issues and explain that these conditions can make it harder for the body to fight off infections like COVID-19, and they can increase the likelihood of developing severe symptoms or complications as a result of that virus. Then it's important to talk about proactive management and share the importance of prioritizing health.

Lots of patients with obesity have been told, "You just need to lose weight." But I think that if the focus is more on making changes to have a more healthy lifestyle, making efforts towards having a more balanced diet, or adding physical activity, continuing to have a healthcare team that's helping them to focus on reducing their risk factors, I think that's going to be better received by the patient and get more buy in.

DR. SAM WIJESINGHE: Angela, a few minutes ago, you mentioned the word "team". We really need to offer support and resources to these patients. It is not just COVID-19, it's with everything else that we do together. We are a team. I make sure they feel comfortable discussing any challenges they face so that we can address all these things together.

ADRIAN BANNING: Should PAs recommend weight loss and how would you suggest we go about this, if so, in a respectful manner?

You know, I've come to realize over the last several years just how significant our words are and how much they matter to our patients. It's really insightful when you have a patient who is in their 50s and is able to tell you something that a provider told them about their weight when they were a teenager. It shows just the power of our words and the language that we choose.

And so I think it's important that we put thought into that. I think the first thing for us to understand is that we need to recognize that obesity is a chronic medical condition and we should discuss it that way. The same way that we wouldn't discuss our patients as being a hypertensive patient. We would say that that patient has hypertension. We should use person first language when we discuss weight and obesity.

We don't say that we have an obese patient, or that "you are obese".

Patients tend to prefer using the word "weight" and then secondly they tend to prefer BMI. The word "obesity" can carry a lot of negative context, and so it's important to recognize that.

We definitely want to avoid talking about "fat" or "fat mass".

Similarly, we want to put the focus more on health instead of always being on weight. So you might say something along the lines of, "I'd like to discuss your overall health and how we can optimize that together." That would be better received by a patient than saying, "I'd like to talk about how we can help you lose some weight."

It's also important here to be sensitive, that there are lots of different cultural differences that patients have about weight and food, all kinds of places where social norms and different cultural differences play into opinions on appearance and how the idea of losing weight would be received by the patient as well as their family and their friends.

Sometimes we don't know those things unless we ask about them. But don't assume that everybody's going to think about this the same way that you do. I think another thing that's really important and that will go a long ways to making clinicians more comfortable in having these discussions is to feel more prepared.

And I know that when I went to PA school, we had very little education on weight and weight loss and how to talk with patients about this. I think that this is improving in medical education, but historically it's been an area that really hasn't been addressed very well.

When you consider that in our country the prevalence of obesity is nearly 40%, and when you look at including patients who are overweight, we're looking at as much as 70% of patients in some areas – I think what that says is that no matter what specialty you're in, a significant number of your patients are struggling with this chronic medical condition. And for you to do your best to help them as a clinician you need to be



learning about this so that you can provide sensitive care, but also evidence-based advice.

So there thankfully are growing resources like the AAPA expanding some of the different resources for learning more about how to manage and treat obesity and lots of other resources out there, so that we can be well informed. Because this is also a quickly evolving field.

And I think it's important that we be the trusted source of information for our patients instead of Tik-Tok. Right now I worry that more patients are looking to social media for advice and information instead of their healthcare providers. So it's important that we can do a better job of this.

ADRIAN BANNING: So how do you break it down then? You've got collected your favorite resources. You know the words that push buttons or get better results, can provide more care. When you're really making this about the person sitting in front of you, how do you do it?

ANGELA THATCHER: I think it's really important to just start by asking some questions so that you can understand that individual patient's circumstances and preferences, because they are all very unique. It's important that we aren't making too many assumptions. I'll give you an example.

I have a patient that I work with right now on weight loss, and her weight right now is close to 300 pounds. But she used to weigh over 500 pounds. And it's been really frustrating for her that when she goes to some of the medical appointments, people automatically assume and want to talk to her about weight loss, but they don't know all that she's already done and this truly significant change that she's been making in her health. And so if you don't have the chance to ask somebody about their journey and what's specific to their health, then you miss out on things like that.

One diet is not going to fit everyone. One set of recommendations is not going to work for all of your patients. And so it's important to understand. I think it's easy to say like, "I'd like to know more about what a day is like for you? Tell me about what kinds of foods and drinks you would have during a day?"

Or, "What does it mean to you to think about the idea of eating healthy? What would that look like?" I think along the lines of food it's also important to understand where does their food come from? Are they cooking at home or do they get most of their food pre-prepared or takeout? Because your recommendations are going to be significantly different.

And if you don't know those things up front, just telling a patient, like, "All right, I need you to eat a plant-based diet and follow these basic recommendations," it's not going to actually get applied if it's not going to be something that fits with their life.

DR. SAM WIJESINGHE: Angela, thank you for sharing that example about that patient, 500 pounds before and now 300. Something I have heard from some of my patients. And they really get discouraged. So this is something I teach my students. Please do not judge. And do a good chart review before you go and see the patient. And then really learn about the patients before you go and talk with them. That way we don't make comments, something to offend them.

ANGELA THATCHER: Excellent points. I think too, just including a couple of open ended questions can help you a lot. Because generally we're getting a history first. I think sometimes just saying, "Is there anything else that you would want me to know about your health that would be important."

ANGELA THATCHER: Another thing that I think is really important to individualize is when you discuss behavior changes.

I've learned that I tend to talk about physical activity and not exercise, because a lot of people have a very negative connotation with exercise. But physical activity not so much. So, "what activities do you enjoy?" And I think too, when you're asking your questions, in the same way that you're helping to tailor your recommendations, you're also helping the patient to be a part of those decisions.

I think it's also really important that we talk about gradual and sustainable changes because unfortunately the approach to weight loss in our country has been on fast, dramatic weight loss. And what we have seen is that that really doesn't help our health in the long run because that weight loss is generally not sustainable. It's also very frustrating for patients who've been through that experience multiple times of losing weight and then regaining that weight.

So if we help them to focus more on small changes that are actually something that they could continue and that they could fit into their life, we're going to get change, and it's going to be more sustainable. It's also going to feel more manageable for them than sitting down with them and saying, "Okay, I need you to change these ten things."

ADRIAN BANNING: I love that you put it in terms of offering ownership to the patient on taking on these changes. They're not just doing your ideas because you told them. This is their journey.

DR. SAM WIJESINGHE: One other thing I would like to point out. Be mindful of potential barriers. We need to recognize that weight management can be challenging for various reasons that can include socio-economic factors, mental health concerns, or limited access to resources.

It is important that we discuss these barriers and the challenges these patients have so that we will be able to help these patients to overcome them. Maybe we can ask those questions What kind of changes would you be willing to start with? Or what kind of help would you like to meet your goals?

We should offer resources and support for our patients, provide education materials, recommend reputable resources and offer referrals to registered dietitians, nutritionists, or weight management programs, and ensure that patients have access to the tools, support and resources that they need to achieve their goals.

Patients may benefit from referral to an obesity medicine clinician. The Obesity Medicine Association has an obesity care provider database which features obviously the physicians, nurse practitioners and PAs, dietitians, and also bariatric surgeons near that area. So I recommend visiting that database.

ADRIAN BANNING: Angela, with your specific experience, can you talk about treating patients in rural areas?

ANGELA THATCHER: Sure. It's important to recognize that we see parallels in patients of lower socioeconomic status with higher rates of obesity in those populations. And similarly, adults in rural communities are more likely to have obesity than adults in urban areas.

I think what we're really doing is going back to understanding patients as individuals and recognizing the things that affect not just their health status as it is now, but their ability to follow advice and the treatment plans that we set up for them.

In rural areas it's also not that uncommon that there aren't a lot of places to purchase fresh foods or that there may be limited access to where you could exercise, or get physical activity, if we go back to that term, or people not having access to adequate internet service to conduct a video visit.

People may live in neighborhoods that they don't consider to be safe. And so to tell them to go out and walk is not something that is going to be a good fit for them.

ANGELA THATCHER: In the context that we've been discussing with COVID I remember frequently when I was doing follow-up visits after patients were discharged from the hospital, they might be put on a medicine that they had never started because they couldn't afford it.

I think questions are really a big way for us to understand. Asking, "Do you ever worry that you don't have enough food for the month?" Or, "has there ever been a time when you didn't feel like you could count on having food in your house?"

ADRIAN BANNING. As we're talking about barriers, one of the barriers that can come up is vaccine hesitancy or perhaps someone feeling like they maybe don't need a vaccine because they've already had COVID, so they should have the antibodies. Right?

DR. SAM WIJESINGHE: Let's acknowledge their experience first. We can say, "I understand that you have had COVID-19 before and that must have been a challenging experience. I'm really glad that you recovered." We can say something like that, acknowledge their experience first.

And then we can share some reliable information on how vaccines can offer additional protection and enhance the immune response against COVID-19. And then we can emphasize that vaccination can help prevent reinfection and potentially reduce the severity of illness if they are exposed to the virus again.

Then let's highlight the uncertainties of natural immunity. Let's explain that while recovering from COVID-19 can provide some level of immunity, the duration and strength of that immunity can vary among individuals.

We will be able to present scientific evidence that indicates vaccine-induced immunity may offer more consistent and robust protection compared to the natural immunity alone. Then also we can discuss emerging variants. We can explain that new variants can still cause a risk even to those who have had previous infection. We should emphasize that vaccination can help broaden the immune response and provide protection against the new variants.

And then we can remind the patient that even if they have had COVID-19 in the past, there is still a possibility of future exposure to the virus and COVID-19 is still considered a pandemic.

We need to reinforce the importance of being proactive and taking measures to reduce the risk of reinfection.

ANGELA THATCHER: I think it's important for us to also remind patients about the aspect of community protection that comes with vaccination. I think as clinicians, we are aware of the idea of herd immunity, but that might not be something that the patient has considered.

So it's important to emphasize that widespread vaccination plays a crucial role in protecting vulnerable populations, reducing transmission and helping us bring an end to the pandemic. I think that frequently people think, "I've had COVID before, I did fine," or "I'm pretty healthy, I don't need this." But I think that if they understand that there is a population role, that can help reframe that discussion.

I think it's important that we address safety concerns as well and explain the rigorous testing and the regulatory processes that vaccines undergo in order to ensure that they're safe and efficacious.

We can discuss the extensive monitoring systems that are in place to detect or address any potential side effects. And I think it's important to ask patients what questions they have, because it may be something that is very easy for us to answer or give them some reassurance about. I think it's also important to point them to reliable resources.

That's becoming more and more of a challenge sometimes on the internet is where is a good place to look at vaccine information.

And helping them to know where they can look for that in order to find additional materials or find more information that might help them to make their decision.

ADRIAN BANNING It's so inspiring to hear about how you go about patient care and patient communication.

So Sam and Angela, I just want to thank you both so much for joining this discussion about communicating with patients. I've learned so much from both of you.

ANGELA THATCHER: Thank you so much, Adrian, I feel the same way. I've learned so much from the two of you.

DR. SAM WIJESINGHE: Thank you so much and it's great working with both of you and such a great way to collaborate.

ADRIAN BANNING: I want to remind everyone AAPA just released five short videos illustrating how to conduct productive interactions with patients with obesity.

They cover asking permission to discuss weight, taking weight history, nutrition, physical activity, and treatment options. You can find links to these videos in the reference section of AAPA's Learning Central.

There are three other episodes in this series: one on assessing risk, another on prevention and diagnosis, and then another on treatment best practices. And so we encourage you to listen to all four. As well as to check out the supporting one-pagers that go along with this podcast series. Thank you so much for joining us.