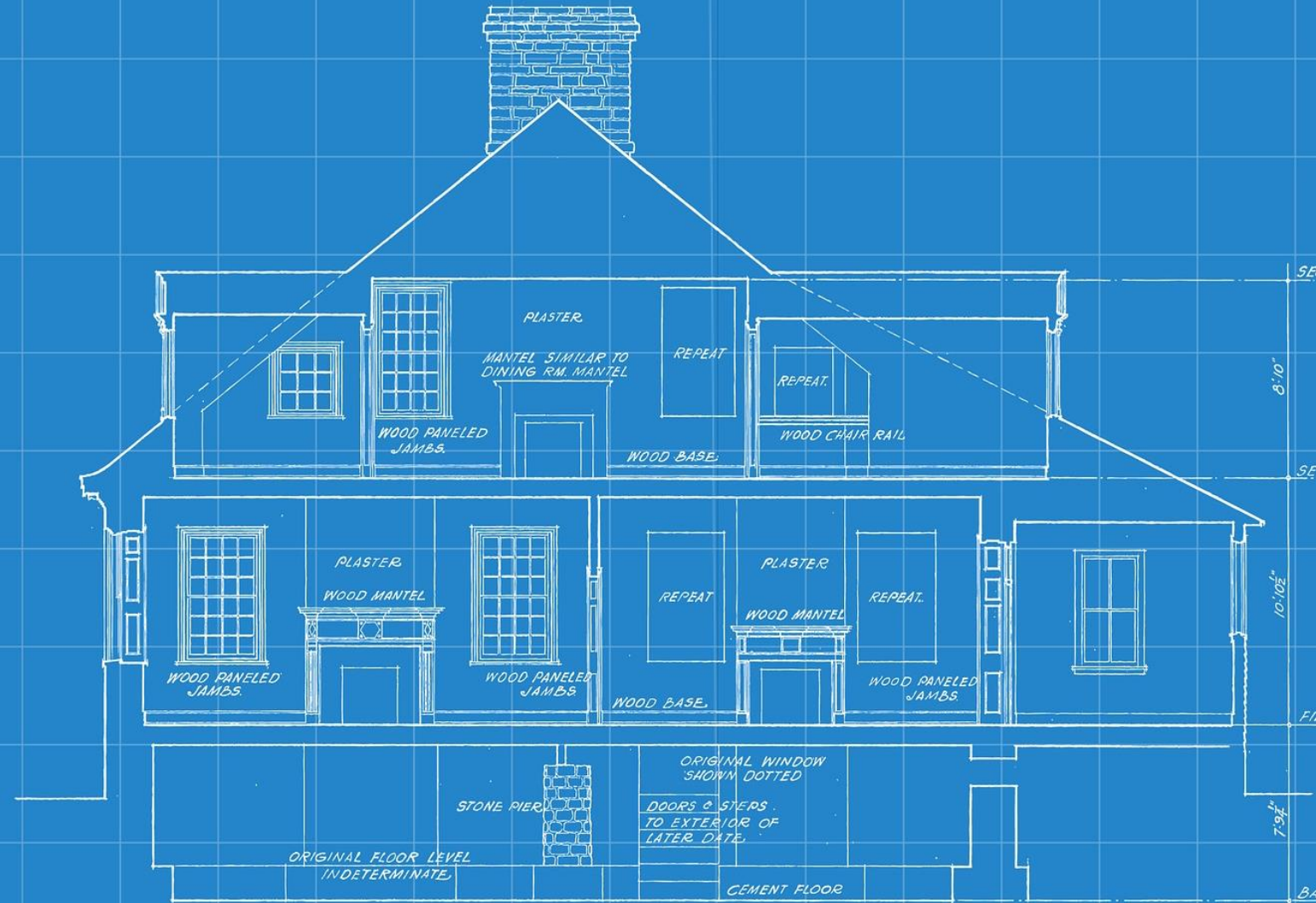


Obesity Work-Up Blueprint: What to Do Monday Morning

Amy Ingersoll, PA-C, MMS, FOMA

Sandra Christensen, MSN, ARNP, FNP-BC, FOMA

AAPA Conference, May 18th, 2020, Nashville



SECTION LOOKING EAST



Disclosures

Amy Ingersoll

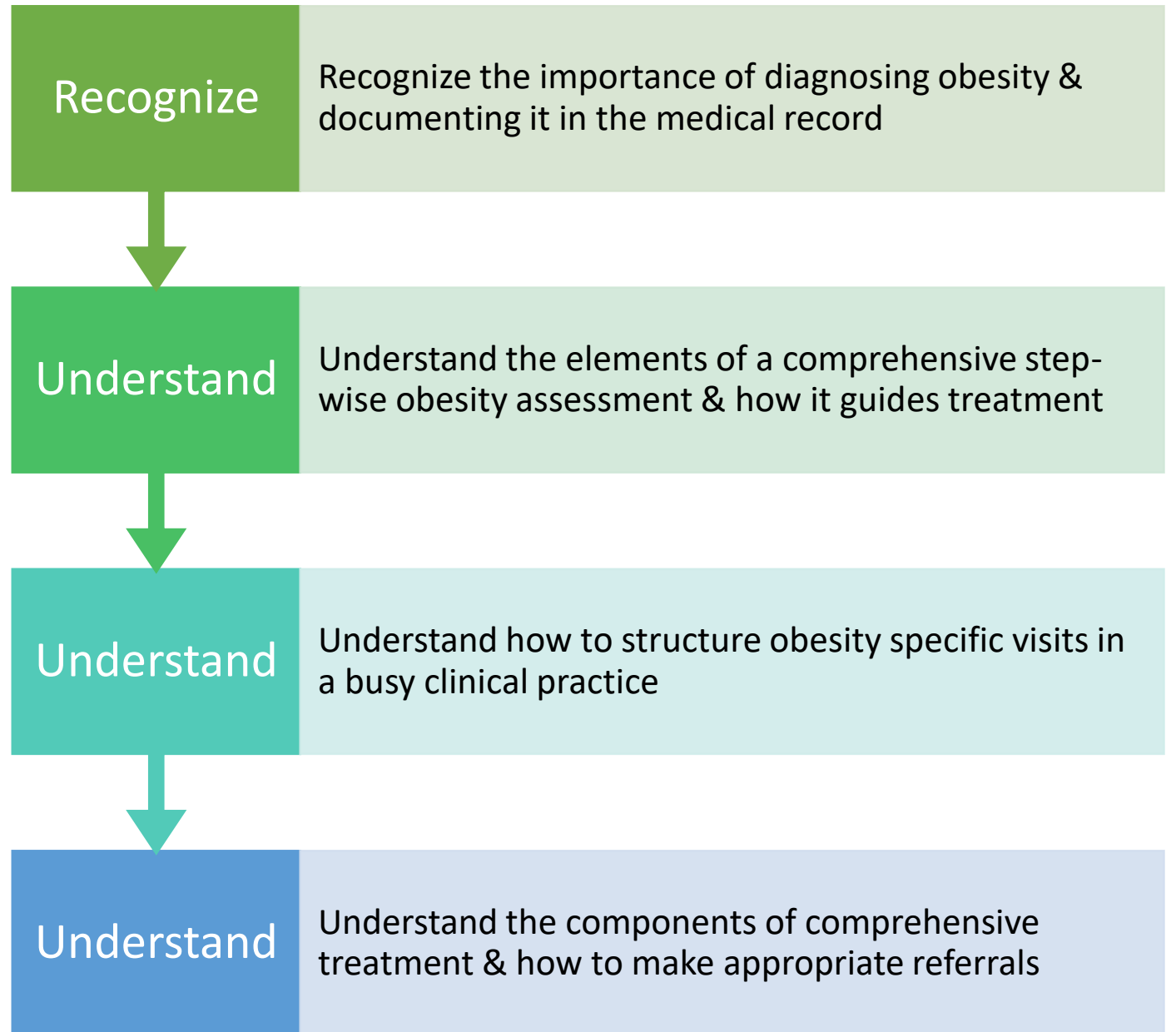
Novo Nordisk—Speakers Bureau

Sandra Christensen

Novo Nordisk—Speakers Bureau



Objectives



Visit Zero Flow

Ask	Ask Permission
Document	Document diagnosis
Order	Order Obesity Specific Labs
Schedule	Schedule Obesity Specific Follow Up
Give	Give individual intake form to complete

Ask permission to discuss weight.

Add obesity and BMI dx code to chart.

If patient states no

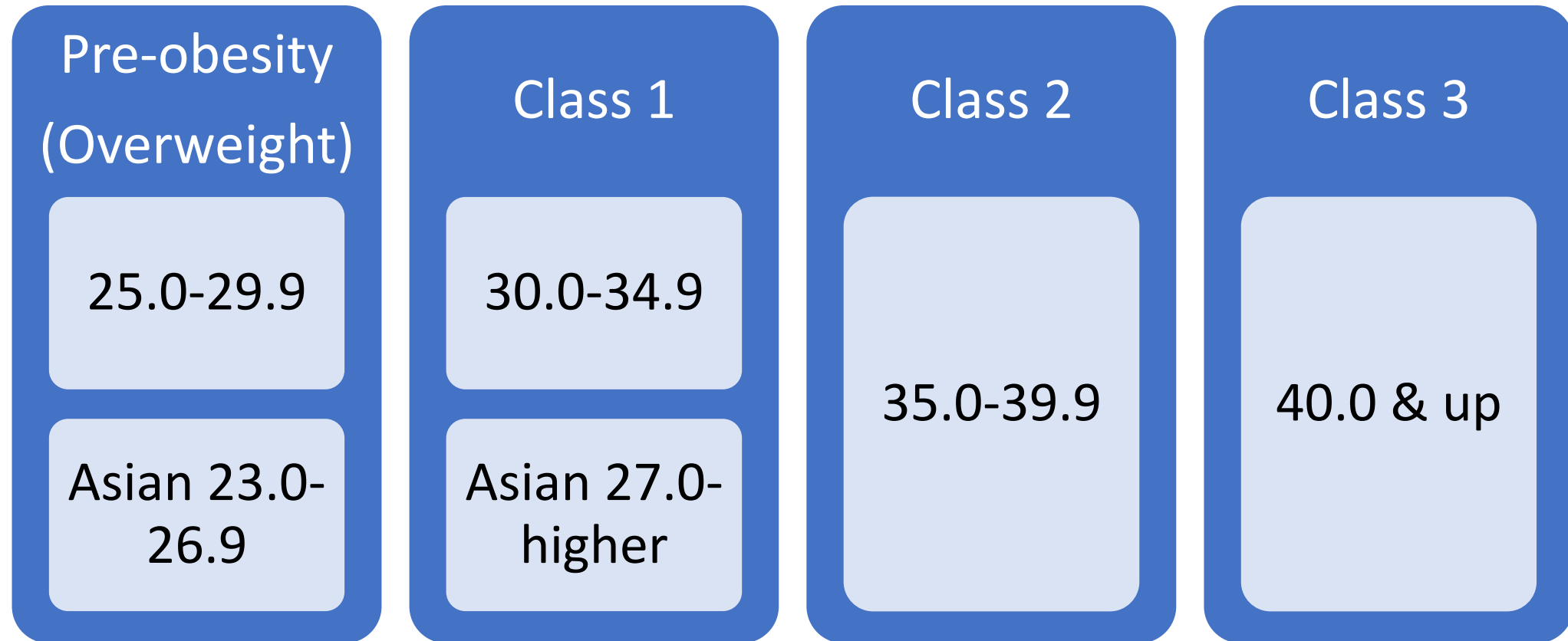
- Document obesity diagnosis code and BMI
- Tell them you are here to help support
- F/U with asking permission at next OV

If patient says yes:

- Order obesity-specific labs.
- Give patient obesity specific intake form
- Schedule obesity-specific visit
 - Recommend 40-60 minutes .

Visit Zero

Diagnosing obesity using BMI



[E66](#) Overweight and obesity

[E66.0](#) Obesity due to excess calories

- [E66.01](#) Severe obesity due to excess calories
- [E66.09](#) Other obesity due to excess calories

[E66.1](#) Drug-induced obesity

[E66.2](#) Severe obesity with alveolar hypoventilation

[E66.3](#) Overweight

[E66.8](#) **Other obesity**

[E66.9](#) Obesity, unspecified

ICD-10 Obesity Codes

ICD-10 BMI Codes

Z68.27	BMI 27.0-27.9
Z68.28	BMI 28.0-28.9
Z68.29	BMI 29.0-29.9
Z68.30	BMI 30.0-30.9
Z68.31	BMI 31.0-31.9
Z68.32	BMI 32.0-32.9
Z68.33	BMI 33.0-33.9
Z68.34	BMI 34.0-34.9

Z68.35	BMI 35.0-35.9
Z68.36	BMI 36.0-36.9
Z68.37	BMI 37.0-37.9
Z68.38	BMI 38.0-38.9
Z68.39	BMI 39.0-39.9

Z68.41	BMI 40.0-44.9
Z68.42	BMI 45.0-49.9
Z68.43	BMI 50.0-59.9
Z68.44	BMI 60.0-69.9
Z68.45	BMI 70 and over

Obesity Specific Lab Orders

- TSH, Free T4, Microsomal TPO antibodies
- Vit D 25 OH
- Hga1c
- Fasting Insulin
- Lipid Panel
- Uric Acid
- Basic labs w/in 3 months:
 - CBC, CMP
- ICD 10 Dx Code Most Commonly Used :
 - Abnormal Weight Gain: ICD10 : R63.5
 - Long Term Use of Other Medications ICD10 : Z79.899
 - Other Obesity ICD 10: E66.8

INTAKE FORM

WEIGHT HISTORY

- At what age did you first start having a weight problem? _____
- Weight at age 21: _____ Highest Weight: _____ Current Weight: _____
- Has weight come on: GRADUALLY OVER THE YEARS SUDDENLY OVER CERTAIN PERIODS OF TIME
- What was going on at that time? _____
- What behaviors and circumstances contributed to your weight gain?

- List your previous attempts to lose weight. What specific aspects of these attempts worked for you and what didn't?

- _____ H
ave you ever been able to lose weight and keep it off, or do you typically regain your weight after losing?

Fill in information below for any weight loss medications you have used in the past.

Drug Name	How long did you take it?	Was it effective?	Side Effects?
Phentermine			
Qsymia			
Saxenda			
Contrave			
Other:			

List any bariatric procedures you have had in the past (gastric sleeve, gastric bypass, lap band).

Procedure	Date	Weight Prior to Procedure	Lowest Weight After Procedure

Eating Patterns

- **Do you struggle with cravings? YES / NO** **Do you struggle with feelings of fullness? YES / NO**
- **Is there a time of day when it is more difficult to avoid overeating or to avoid *less optimal* food choices? YES / NO**
- **If YES, when? _____**
- **Is food volume a problem? YES / NO** **Do you go back for seconds? YES / NO**
Are your portions large? YES / NO
- **Who cooks most in your household? _____** **Who grocery shops in your household? _____**

Food Recall

• Which meals do you eat nearly every day? **Give times and typical contents of each meal.**

• Breakfast

• Mid- Morning Snack _____

• Lunch

• Mid- Afternoon Snack

• Dinner

• Evening Snack

Psychosocial

- **Do you ever eat more than what most people would consume in short period of time?** SOMETIMES / OFTEN / NO
- **Do you feel out of control when you do so?** SOMETIMES / OFTEN / NO
- **Do you eat food in secret or hide the fact that you're eating?** SOMETIMES / OFTEN / NO
- **Do you use vomiting, laxatives, diuretics or excessive exercise to compensate for overeating?** SOMETIMES/OFTEN/NO
- **Do you have a trigger weight? This would be a weight at which you start to get nervous at because of unwanted attention.** YES/NO.
 - If yes, what is that weight? _____

Pertinent Medical Hx

• **History of pancreatitis?** YES / NO / UNSURE

• **History of seizures?** YES / NO / UNSURE

• **History of liver disease?** YES / NO / UNSURE

• **History of gout?** YES / NO / UNSURE

• **If YES, when was last flare:** _____

• **Are you on medication for gout?** YES / NO

• **Personal or family history of medullary thyroid cancer?** YES / NO / UNSURE

• ***FEMALES ONLY – Is there any chance of pregnancy?*** YES / NO / UNSURE

• ***Pregnancy prevention method (birth control, tubal ligation etc...)*** _____

Currently taking any narcotics for pain control? YES / NO

History of kidney stones? YES / NO / UNSURE

History of kidney disease? YES / NO / UNSURE

History of Glaucoma? YES / NO / UNSURE



Heart attack
Diabetes
High blood pressure
High cholesterol
Other _____

Stroke
Gout
Polycystic Ovarian Disease
Obesity/weight issues
Family hx unknown

Please circle
any major life
stressors in
the last 12
months

-
- | | |
|---|---|
| <input type="checkbox"/> Serious injury | <input type="checkbox"/> Gain of new family member |
| <input type="checkbox"/> Death of close friend/family member | |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Major illness in the family |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Job change |
-

Readiness For Change

- How serious is your weight problem? Circle the level that fits
- Not serious at all 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Very serious- life threatening
- At this time, how important is it for you to lose weight and keep it off?
- I want to lose weight 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Most important issue if it isn't too hard in my life
- If it means you will reduce and maintain weight and keep it off, how willing are you to:
 - Change your eating habits
 - Would resist this 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 very willing to do

Readiness For Change

- If it means you will reduce and maintain weight and keep it off, how willing are you to:
 - Change your exercise habits
 - Would resist this 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 very willing to do
- Rearrange your schedule
- Would resist this 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 very willing to do
- Log food and exercise daily
- Would resist this 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 very willing to do

Readiness for Change

- Do you want your weight reduction and long-term management to be part of a larger shift to a healthier overall lifestyle for you (and your family)? Yes No
- How good of a time is this for you to be starting a weight reduction program?
Circle a number
- 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Intake Form

• Is there one thing that you could do that would make a large difference in your weight situation? YES / NO

• If “YES”, What is it? _____

• Why do you think you don’t make that change? _____

• _____

• What do you foresee as my role in helping you in your efforts to lose and maintain your weight?

• _____

• What is motivating you to lose weight currently?

• _____

Schedule Obesity
Specific Initial Visit

Visit One Flow:

Review Intake Form

Conduct obesity specific H&P

Review pertinent histories.

Review labs

Document clinical treatment plan for future work up/management, schedule follow up .

- Potential external referrals.
- AOM options/contraindication
- Obesogenic medication.

Visit One Documentation

HPI:

- John Doe comes in today for further evaluation and management of his Stage X Obesity w BMI of XXX
- Weight hx:
- AOM hx:
- Bariatric Surgery Hx:
- Eating Patterns:
- Readiness for change:
- Nutrition Recall:

Visit One Documentation:

HPI

FH:

SH:

SIG PMH/OBESITY
RELATED
COMPLICATIONS (ORC):

LAST LABS:

HX OF SLEEP STUDY:

Visit One Documentation: HPI

Reports no history of pancreatitis, personal or family hx of medullary thyroid cancer, no hx of seizure, no hx of glaucoma, no hx of kidney stones.

Narcotic use:

Pregnancy Prevention (is applicable)

ROS

Endo: Pt denies/reports dry mouth, excessive urination, and excessive thirst

OB/GYN (female only): Pt denies/reports increased facial hair, acne, (hx of) irregular periods, (hx of) infertility. Pregnancy Prevention:

Urological (males only:)Pt denies/reports reduced sex drive, hx of erectile dysfunction

Urinary: Pt reports/denies hx of kidney stones

Pulmonary: Pt denies/reports difficulties breathing , snoring , apnea, wheezing

Cardiac: Pt reports/denies chest pain, angina, progressive shortness of breath, palpitations.

Eyes: Pt denies/reports history of glaucoma, diabetic retinopathy

ENT: Pt denies difficulties swallowing,

GI: Pt denies/reports hx of GERD, pancreatitis, gallbladder d/o, d/o of pancreas, IBS, celiac disease, constipation, diarrhea, liver disease, nausea, vomiting

Musculoskeletal: Pt reports/denies joint stiffness, joint pain

Skin: Pt reports/denies skin tags, skin changes, purple stretch marks

Psych: pt denies/reports hx of anxiety, depression, difficulties concentrating

Neuro: Pt denies/reports hx of migraines

Physical Exam

General: well developed, well nourished, in no acute distress

Head: normocephalic and atraumatic, no moon face noted,

Mouth: no deformity or lesions with good dentition

Neck: no masses, thyromegaly, or abnormal cervical nodes, neck circumference noted at XX inches

Lungs: CTA B without wheezes, crackles or rales.

Heart: Regular Rate and Rhythm, no sig murmurs noted

Abdomen: w/o guarding, w/o rebound, bowel sounds positive; abdomen soft and non-tender. No purple striae noted. Waist circumference XXX inches

Pulses: pulses normal in all 4 extremities

Extremities: no edema noted

Skin: no hirsutism, acanthosis nigricans, skin tags noted, no sig acne or skin rash

Psych: alert and cooperative; normal mood and affect; normal attention span and concentration

Assessment

Obesity Related Complications

BMI

Obesity Stage XXX

Plan Visit One

Medical: labs reviewed and discussed with patient in detail.

Medication: will discuss FDA approved AOM options w/pt at next OV; reviewed and documented AOM options as noted pending contraindications:

Metabolic markers: pt w/ known elevated metabolic markers including: xxx

Specialist referral: referral to specialist for further evaluation of comorbid conditions affecting elevated BMI: pending

Obesogenic Medications: xxxx, will review w/pt at future OVs

Plan Visit One

Nutrition: pending discussion.

Physical activity as tolerated; d/w pt need for light strength training 2-3 times a week to preserve muscle mass during active weight reduction, and to increase during long term management

Behavioral: pending SMART goals to be reviewed.

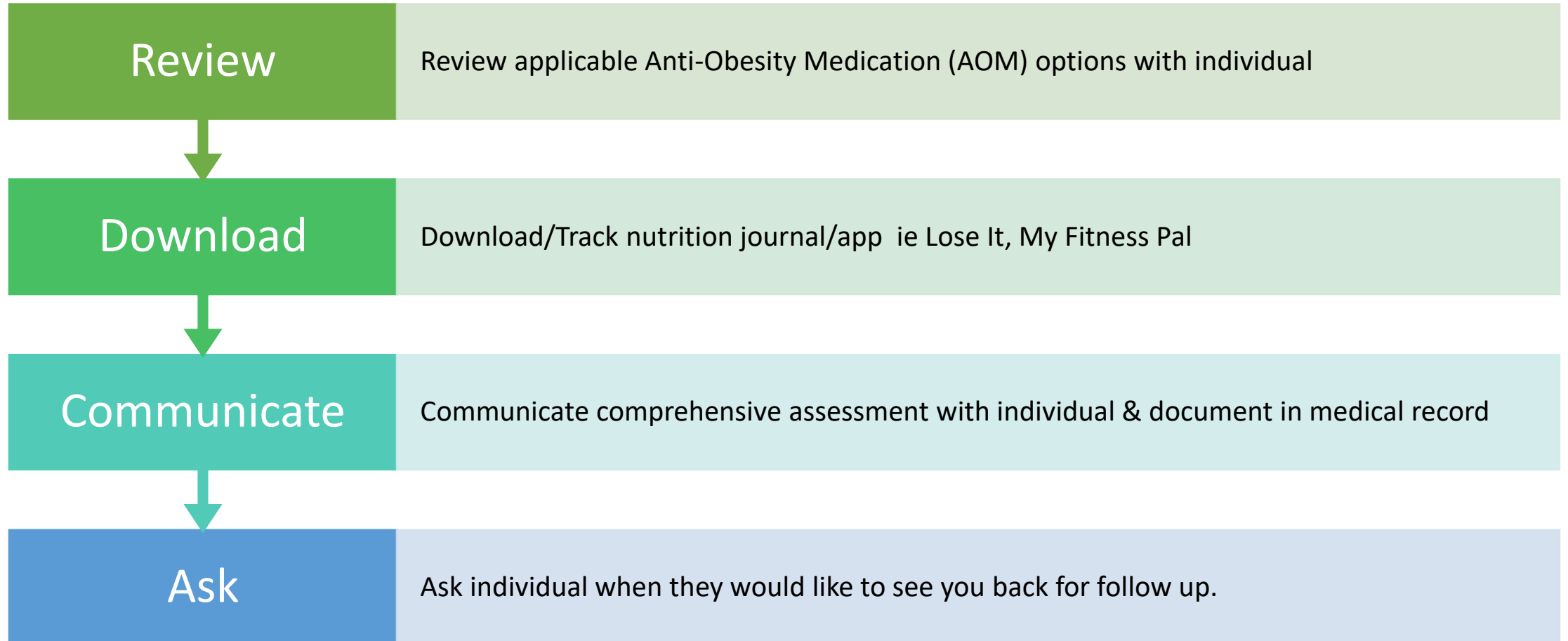
Plan Visit One

Reviewed intake form in detail. Discussed with patient the pathophysiology of obesity is a chronic complex relapsing disease and how it impacts pt's obesity related complications. We reviewed balance of energy intake versus energy expenditure that lead to decrease in excess energy storage. Reviewed pathophysiology that drives metabolic adaptations and weight regain patients affected by this disease.

We reviewed key pillars of a comprehensive treatment approach for this disease state. Discussed w/patient the purpose of med management is to treat the disease of obesity and facilitate the management of eating behavior as well as slow the progression of weight gain and regain. Discussed comprehensive obesity management care plan in conjunction with improvement of overall health. All questions answered.

Schedule Follow Up

Visit Two Flow:



AOM Discussion

- Review with individual applicable AOMs in brief overview.
- Use TOS Patient Education Page
 - <https://www.obesity.org/information-for-patients/>
- Recommend to have **patient call the number on their insurance card to ask on pharmacy benefits for AOMs prior to next OV**, to write down cost/coverage to bring in.
- Review cash price options if plan exculsion:
 - Contrave ~\$99
 - Qsymia : ~112
 - Saxenda: \$\$\$\$

C:/Users/aingersoll/Downloads/TOS-OBESITY-PATIENT-AD-SERIES-Prescriptions-for-Weightloss.pdf

How can prescription drugs help people dealing with excess weight?

Why should I consider using these medications?
Most people who have used medications to help them lose weight report making better decisions about food, thinking about it less, and feeling more in control. These medicines work best when you use them with planned meals, exercise, and other healthy behavior changes.

Other benefits of medication:
Most medications ultimately lead to sure, blood sugar, and cholesterol weight loss they cause. Some prevent

How do weight loss medications work?
When people lose weight, their body begins sending signals to the brain that there is a decrease in stored energy. The brain then sends hormonal and chemical messages that increase appetite, hunger, and cravings. Losing weight and keeping it off is difficult because these signals last until the person has regained most of the weight back. Weight loss medications target these signals and decrease their effect.

Which medication is right for?
Each of these medications has different effects. They may cause problems with taste. Your healthcare provider can help you choose the best for you. You might have to try several medications until you get one that works well. Your healthcare provider will help you control portions, decrease portion sizes, and eat healthier food by decreasing your hunger.

Are weight loss medications safe?
Five weight loss medications are currently approved as safe by the FDA for long-term use (2 years). Many of these are undergoing even longer-term studies, including in patients with heart disease. Additional medications are approved for short-term use (less than 12 weeks). Using weight loss medications requires regular medical monitoring. There is no evidence that these medications are addictive.

Will I have to use them forever?
We are still learning about weight loss medications. Some people will benefit from them to get started. Others may need to take them for a long time to maintain their weight loss. Talk to your healthcare provider about what is best for you.

What obesity medications are FDA approved?

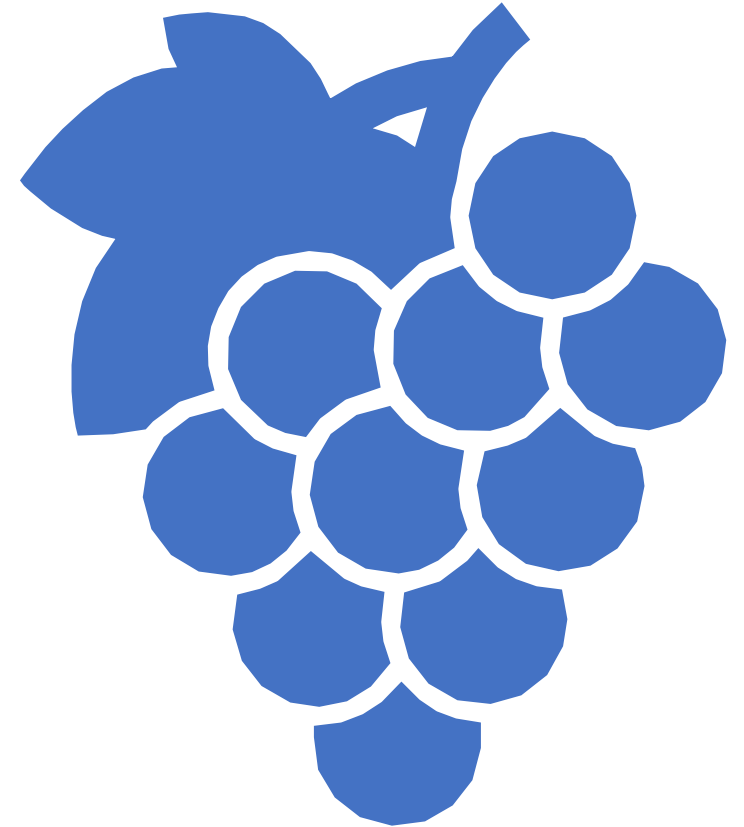
Medications approved for long-term use			
Lorcaserin (Belviq)	1 pill a day	Targets centers in the brain to increase fullness	May cause headache
Naltrexone-bupropion (Contrave)	2 pills twice a day	Targets the brain to decrease hunger and food cravings	May cause nausea, insomnia, increased blood pressure
Phentermine-topiramate (Qsymia)	1 pill a day	Targets centers in the brain involved in appetite and fullness	May cause dry mouth, tingling sensation
Orlistat (Xenical/Alli OTC)	1 pill 3 times a day with meals	Decreases absorption of the fat you eat	May cause diarrhea, oily stools
Liraglutide (Saxenda)	1 shot a day	Targets centers in the brain to decrease hunger and increase fullness	May cause nausea, constipation, low blood sugar

Medications approved for short-term use			
Phentermine	Adipex, 1/2 to 1 pill a day Lomaira, 1 to 3 pills a day	Targets centers in the brain to decrease hunger	May cause dry mouth, increased blood pressure

Domenica M. Rubino, Washington Center for Weight Management and Research, Arlington, Virginia, USA; Tareneh Soleymani, Summit Medical Group, Department of Internal Medicine, Birmingham, USA; Scott Kahan, Department of Health Policy and Management, Johns Hopkins School of Public Health, Baltimore, Maryland, USA.

Nutrition Tracking

- My Fitness Pal
- Lose It
- Recommend app where there is Macro Profiles (carbs/fat/protein)
- If patients are unable to, they can do written journal, and write down carb/protein/fat from label or google search (more time consuming for patient)



Office Visit Documentation

Bring forward initial HPI and make pertinent updates.



Complete pertinent ROS



Complete pertinent PE



Assessment :

ORC

BMI

Obesity

Follow Up ROS

General

Cardiac

Pulmonary

GI

GU

Skin

Psych

Follow Up PE

General: well developed, well nourished, in no acute distress

Head: normocephalic and atraumatic

Lungs: CTA B without wheezes, crackles or rales.

Heart: regular rate and rhythm

Abdomen: w/o guarding, w/o rebound, bowel sounds positive; abdomen soft and non-tender

Skin: no skin rash

Psych: alert and cooperative; normal mood and affect; normal attention span and concentration

Plan Visit 2

Medical: Labs are UTD and reviewed

Medication: current FDA approved AOM's d/w pt. the purpose of med management is to treat the disease of obesity and facilitate the management of eating behavior as well as slow the progression of weight gain and regain. Pt has FDA indications for use with associated BMI >27 and co-morbid conditions. Patient has failed lifestyle intervention with nutrition and physical activity changes and per AACE guidelines, pharmacotherapy is medically indicated. pt will call on cost/coverage prior to next OV.

Obesogenic Medications: xxx, pending discussion w/pt

Plan Visit 2

Metabolic markers: pt w/ known elevated metabolic markers including: xxxx

Specialist referral: referral to specialist for further evaluation of comorbid conditions affecting elevated BMI. pending

Nutrition– download app/start nutrition journal

Physical activity as tolerated; d/w pt need for light strength training 2-3 times a week to preserve muscle mass during active weight control

Behavioral: download/track nutrition

Schedule Follow Up

Visit Three Flow:

Discuss

Discuss AOM start.

- If prescribing medication, review SEs, titration, send rx.

Review

Review nutrition journal

- Give feedback as needed.

Ask

Ask patient when they would like to see you back for follow up.

Visit Three Documentation

Bring forward past HPI and make pertinent updates.

Follow Up ROS

Follow Up PE

Assessment

- ORC
- BMI
- Obesity

Visit Three Plan

- Medical: labs are UTD, no new medications

- Medication: current FDA approved AOM's d/w pt. the purpose of med management is to treat the disease of obesity and facilitate the management of eating behavior as well as slow the progression of weight gain and regain. Pt has FDA indications for use with associated BMI >27 and co-morbid conditions. Patient has failed lifestyle intervention with nutrition and physical activity changes and per AACE guidelines, pharmacotherapy is medically indicated. Reviewed with patient AOM options. Pt checked on cost/coverage. With shared decision making, XXX was chosen to start. Rx sent. SEs d/w pt in detail. All questions answered. Titration schedule reviewed.

Obesogenic Medications: xxx, pending d/w pt, no new

- Metabolic markers: pt w/ known elevated metabolic markers including: xxx

- Specialist referral: referral to specialist for further evaluation of comorbid conditions affecting elevated BMI. Pending discussion

Visit Three Plan

Nutrition—continue tracking on app, reviewed and feedback given.

Physical activity as tolerated; d/w pt need for light strength training 2-3 times a week to preserve muscle mass during active weight control

- Behavioral: download/track on MFP

Schedule Follow Up

Visit Four Flow

Review med management w/AOMs.a

- Assess Efficacy
- Review dosing
- Review if any SEs

Review Nutrition Log

If time

- Review obesogenic meds.
 - Review from initial intake form

Ask individual when they would like to see you back for follow up

Visit Four Documentation

Bring Forward HPI and make pertinent updates.

*Review AOM start, SEs, titration, if PA pending/needed

Follow Up ROS

Follow up PE

Assessment

- ORC
- BMI
- Obesity

Visit Four Plan

Medical: labs are UTD

Medication: current FDA approved AOM's d/w pt. Pt started XXX and tolerating well w/o complications. Was covered by insurance. Titrating w/o issues. All questions answered. No refills needed

Metabolic markers: pt w/ known elevated metabolic markers including:

Obesogenic Medications: reviewed with patient obesogenic medications noted during initial visit and reviewed options moving forward.

Specialist referral: referral to specialist for further evaluation of comorbid conditions affecting elevated BMI. Pending

Visit Four Plan

Nutrition—reviewed nutrition log, feedback given.

Physical activity as tolerated; d/w pt need for light strength training 2-3 times a week to preserve muscle mass during active weight control

- Behavioral: continue tracking nutrition

Schedule Follow Up

Visit Five Flow

Review AOM

Review nutrition log

Review obesogenic medications

If time:

- Determine if referral needed from initial consult
 - Sleep
 - Endo
 - Psychology
 - Etc...

Ask individual when they would like to see you back for follow up

Visit Five Documentation

Bring forward HPI and make pertinent updated.

Follow up ROS

Follow up PE

Assessment

- ORC
- BMI
- Obesity

Visit Five Plan

Medical:

Medication: current FDA approved AOM's d/w pt.

Metabolic markers: pt w/ known elevated metabolic markers including:....

Obesogenic Medications: Reviewed meds and potential for evolution to weight neutral options if clinically applicable.

Specialist referral: referral to specialist for further evaluation of comorbid conditions affecting elevated BMI. Reviewed w/pt STOP BANG form and impact of sleep/REM on BMI, sleep consult initiated.

Visit Five Plan

Nutrition– reviewed nutrition log, feedback given:

Physical activity as tolerated; d/w pt need for light strength training 2-3 times a week to preserve muscle mass during active weight control

- Behavioral: continue tracking nutrition

Schedule Follow Up

Review

- Review AOM

Review

- Review nutrition log

Review

- Review obesogenic meds

Review

- Review needed referrals

SMART

- SMART goal/Behavioral Change

Ask

- Ask individual when they would like to see you back for follow up

Visit Six Documentation

Bring forward HPI and make pertinent updated.

Follow up ROS

Follow up PE

Assessment

- ORC
- BMI
- Obesity

Visit Six Plan

Medical:

Medication: current FDA approved AOM's d/w pt.

Metabolic markers: pt w/ known elevated metabolic markers including:....

Obesogenic Medications: Reviewed meds and potential for evolution to weight neutral options if clinically applicable.

Specialist referral: referral to specialist for further evaluation of comorbid conditions affecting elevated BMI. Pt was given referral at last OV and has appt scheduled

Visit Six Plan

Nutrition–nutritional log reviewed, and feedback given:

Physical activity as tolerated; d/w pt need for light strength training 2-3 times a week to preserve muscle mass during active weight control

•**Behavioral: SMART goal reviewed in patient and handouts given**

SMART Goals/Behavioral Change

Specific

Measurable

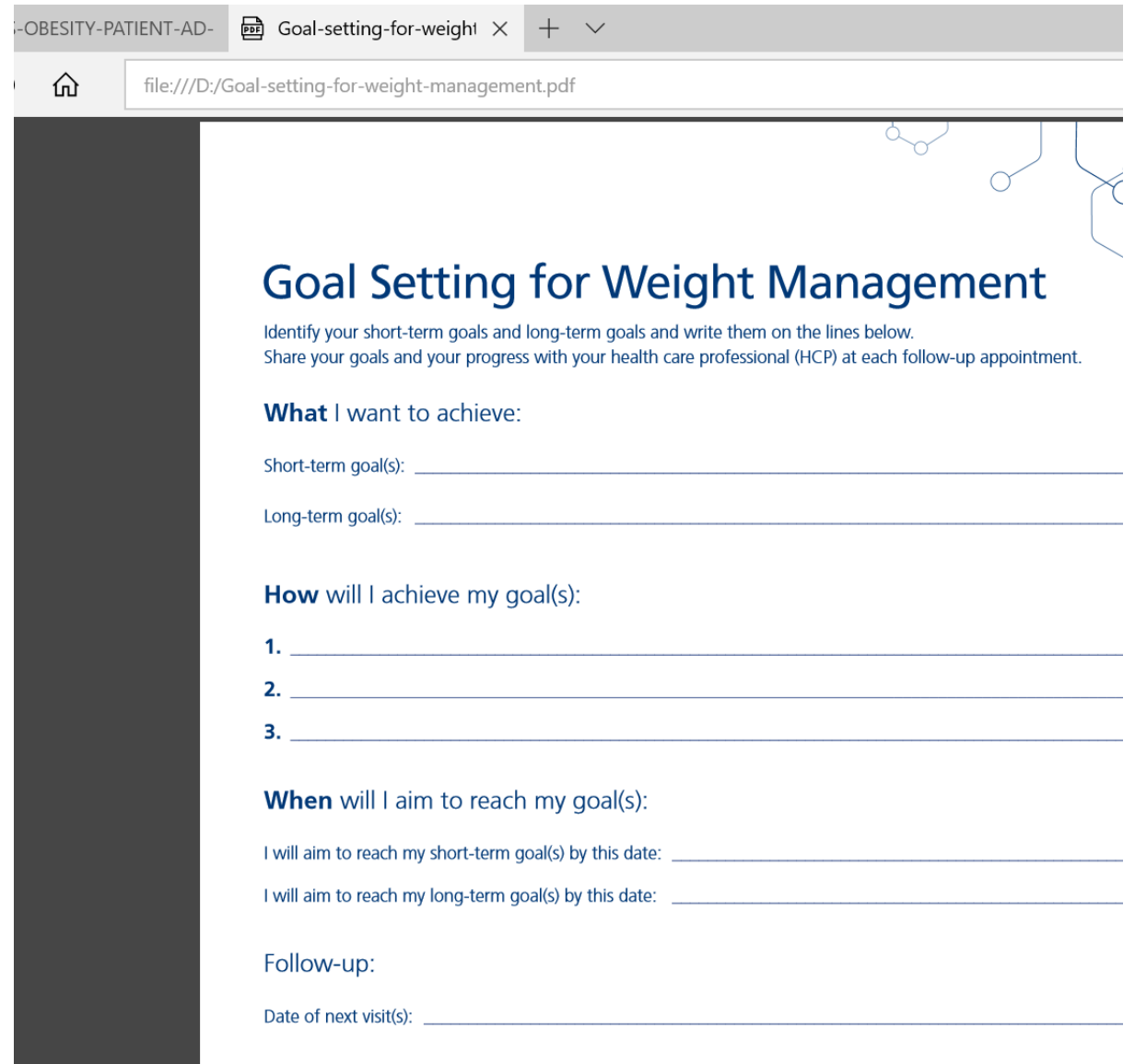
Attainable

Relevant

Time Boud

SMART goal resources:

- <https://www.rethinkobesity.com/resources.html>



The image shows a PDF document titled "Goal-setting-for-weight-management.pdf" open in a browser. The document is titled "Goal Setting for Weight Management" and contains instructions for identifying short-term and long-term goals, and writing them on lines provided. It also includes sections for "What I want to achieve:", "How will I achieve my goal(s):", "When will I aim to reach my goal(s):", and "Follow-up:". The document is displayed on a dark background.

Goal Setting for Weight Management

Identify your short-term goals and long-term goals and write them on the lines below.
Share your goals and your progress with your health care professional (HCP) at each follow-up appointment.

What I want to achieve:

Short-term goal(s): _____

Long-term goal(s): _____

How will I achieve my goal(s):

1. _____

2. _____

3. _____

When will I aim to reach my goal(s):

I will aim to reach my short-term goal(s) by this date: _____

I will aim to reach my long-term goal(s) by this date: _____

Follow-up:

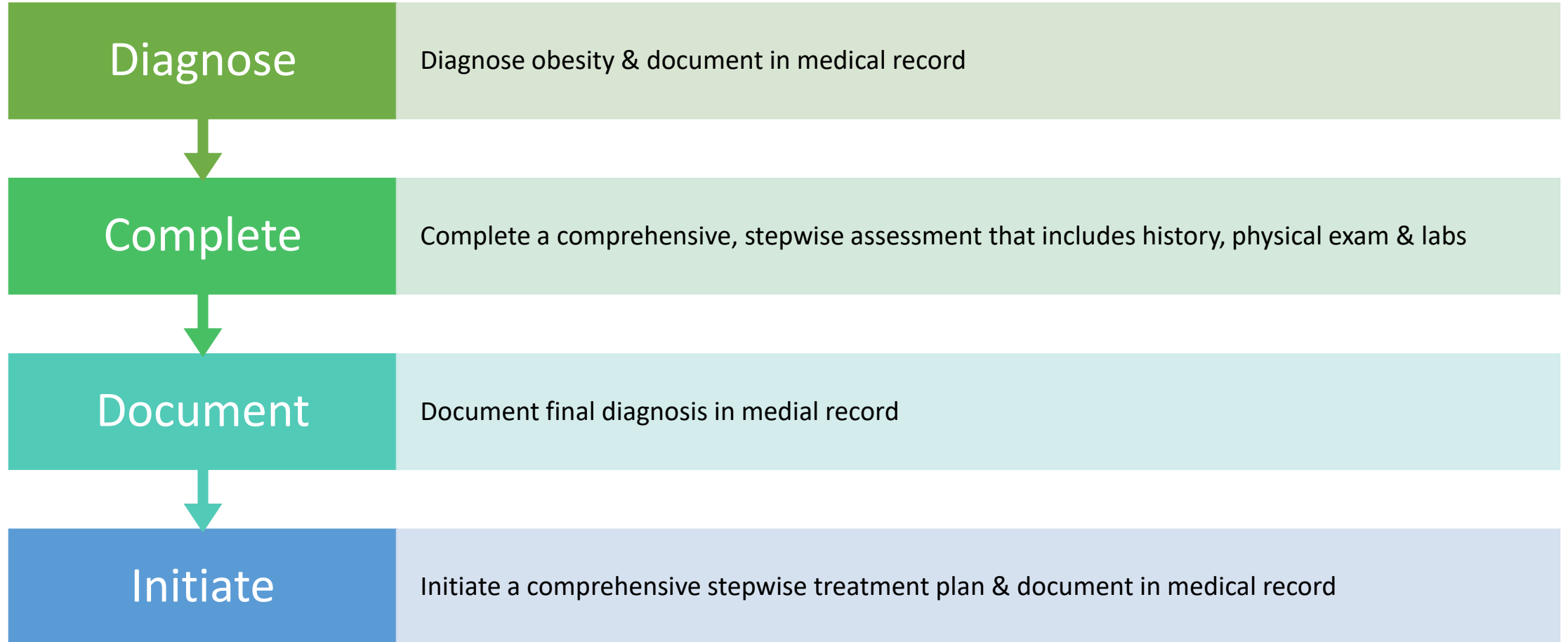
Date of next visit(s): _____

Schedule Follow Up

Visit Indefinite

- Review AOM, adjust as needed.
- Review Nutrition log
- Review Physical Activity Goals
- Review Obesogenic meds
- Review SMART goal/Behavioral Change
- (if needed) Review needed referrals
- (if needed) Order Labs
- Ask individual when they would like to see you back for follow up
- Chronic, long term management.

In summary



References /Resources

- <https://www.rethinkobesity.com/resources.html>
- <https://www.obesity.org/information-for-patients/>
- <https://www.aace.com/disease-state-resources/nutrition-and-obesity/treatment-algorithms/treatment-algorithm-medical-care>

Thank You!

- Amy Ingersoll, PA-C, MMS, FOMA
 - amy.beth.ingersoll@gmail.com