



AN INTEGRATIVE APPROACH TO A WEIGHT MANAGEMENT PROGRAM

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BACKGROUND

Weight loss medications are a hot topic among military service members and beneficiaries. To be eligible for weight loss pharmacotherapy, lifestyle intervention is required for six months prior to starting therapy and must be continued throughout therapy. The current strategy for lifestyle intervention is a nutrition-centric approach; however, evidence-based practice guidelines recommend a comprehensive lifestyle approach for weight loss to include three components: behavioral, nutrition, and physical activity. The role of the primary care provider team in this sort of program is inconsistent in the literature. The military has many unique resources that can be integrated and optimized for a comprehensive weight management program supporting the health and wellness of the community.

AIM

To establish a holistic, integrative weight management program to augment the Patient-Centered Medical Home by including a clinical pharmacist, psychologist, dietitian, and health educator.

METHODS

Use the Lean Six Sigma module to develop a multifaceted weight management program designed to have multiple interactions each month.

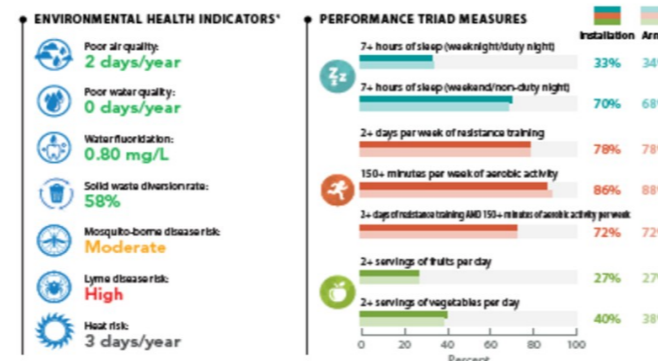


APPROACH

USAG Stuttgart

Demographics: Approximately 1,600 AC Soldiers
55% <35 years old, 13% female
Main Healthcare Facility: The Stuttgart Army Health Clinic
Electronic Health Record: AHLTA OCONUS

MEDICAL METRICS	INSTALLATION		ARMY	
	Crude Value ¹	Adjusted Value ²	Value	Range ²
Injury (rate per 1,000)	1,485	1,349	1,368	849-2,084
Behavioral health (%)	18	17	16	11-31
Substance use disorder (%)	3.4	4.1	3.3	1.5-5.4
Sleep disorder (%)	23	19	14	8.5-25
Obesity (%)	21	17	20	16-29
Tobacco product use (%)	24	26	27	12-32
STIs: Chlamydia infection (rate per 1,000)	18	28	20	5.1-40
Chronic disease (%)	25	17	17	10-34



Installation Health Index Score: -0.1 (40-49th percentile)



INTEGRATED TEAM

Primary Care Provider

Medical assessment, monitor weight and biomarkers, prescribe anti-obesity medication

Clinical Pharmacist

Pharmacotherapy education, safety considerations, motivational interviewing, and SMART goals

Health Educator

Body composition analysis, metabolic testing, exercise testing, biofeedback, and wellness coaching

Dietitian

Nutrition counseling

Psychologist

Cognitive behavioral therapy, behavioral change, and mindfulness

DISCUSSION

Our multi-disciplinary, integrative approach to weight management leveraging available resources, technology, frequent interactions, and augmentation with anti-obesity medications correlates and builds on current evidence-based practice guidelines leading to better outcomes.

There is an opportunity for primary care providers and other military treatment facilities to collaborate with available community resources to develop a comprehensive program to support patients meet their weight, health and wellness goals.

WAY AHEAD

Initially, liraglutide (Saxenda) was the only available weight loss medication to support our program. In November 2023, we expanded the anti-obesity medications to include phentermine, semaglutide and tirzepatide.

Next Steps:

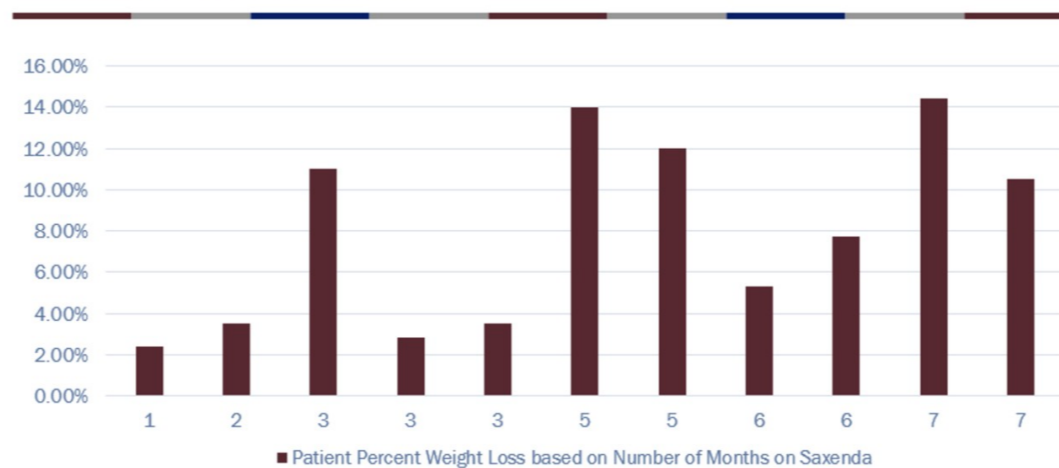
- Increase the program's reach and sustainability
- Evaluate its impact on quality metrics (e.g. HbA1C, lipids)
- Long-term support and monitoring
- Leverage technology to increase intervention interactions
- Group sessions

CITATIONS

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3. Mayer SB, Graybill S, Raffa SD, et al. Synopsis of the 2020 U.S. VA/DoD Clinical Practice Guideline for the Management of Adult Overweight and Obesity. *Military Medicine.* 2021; 186(9-10): 884-896. doi: 10.1093/milmed/usab114
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RESULTS

Weight Loss Results



Eleven patients participated in the comprehensive weight management program that included using liraglutide (Saxenda) in April 2023.

- Mean Weight Loss: 8% over four months
- Attrition Rate: 3% after four months