

# Patient Activation: A Primary Care Tool to Tackle Overweight and Obesity

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A June 2015 report published in *JAMA Internal Medicine* found that, in the period between 2007 and 2012, 75% of U.S. men and 67% of U.S. women  $\geq 25$  years of age were overweight or obese (1). Because overweight and obesity are associated with type 2 diabetes and other chronic conditions, preventing weight gain and facilitating weight loss can do much to prevent type 2 diabetes and improve health outcomes in individuals with diabetes. Primary care providers (PCPs) provide care to the majority of individuals in the United States, meaning that they see more overweight and obese than normal-weight individuals in their practice every day. As a result, PCPs are crucial to efforts to stop or reverse this alarming trend.

During the same time period, primary care patients were followed in a large, longitudinal study of the role of patient activation in improving health outcomes and reducing costs (2). Patient engagement and activation are central pillars of health policy, based on evidence that links better health outcomes with more engaged and activated patients (3). Higher patient activation scores at the beginning of the study were associated with better health outcomes, including better clinical indicators and healthier behaviors, and lower costs, including costly utilizations such as emergency department visits and hospitalizations. The relationship followed a dose-response trend, with higher activation yielding greater odds for

a positive outcome. Interestingly, as people moved forward or backward within the study's four-level activation measure, outcomes and costs shifted correspondingly.

Initiatives used in patient engagement and activation include shared decision-making (SDM), wellness activities, and self-management techniques (3). These initiatives should be familiar to clinicians managing patients with diabetes. Successful health outcomes depend on providers engaging their patients with diabetes in healthy behaviors, self-management techniques, and mutual decision-making regarding the most effective therapeutic approach. Because PCPs are expected to do the heavy lifting in weight management, shouldn't these very same engagement and activation components be useful in addressing the overweight and obesity problem in primary practice?

Sustaining patient engagement in weight loss efforts remains difficult for both patients and providers, with each exhibiting fatigue with regard to the challenges of obesity management. Despite the fact that physician recommendations to lose weight are effective in motivating and supporting overweight patients, PCPs are reluctant to advise their patients about weight loss (4). In a recent Harris poll (5), two out of three Americans reported being concerned about their weight. Yet, conversations about body weight are rarely undertaken between patients and clinicians (4). Surprisingly, only

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40% of 3,000 providers participating in weight management continuing medical education activities in the 2014–2015 period stated that they use BMI to initiate weight discussions (6). Barriers to patient-provider weight discussions include time, patient adherence issues, and difficulty motivating patients. Time constraints, sensitivity concerns, and pessimism regarding intervention success rates are repeatedly cited as reasons for not addressing weight with patients (7).

One in three providers indicates that, if a patient were to need weight loss medication, they would refer the patient to an obesity specialist (6). Yet, the volume of patients requiring weight management in a PCP practice suggests that the ability to refer these patients to an obesity expert is an unrealistic expectation. Instead, providers may want to consider using available SDM and self-management tools to activate their patients with weight problems. These tools, together with practice workflow modifications that enhance patient identification, engagement, and support using the health care team, can allow PCPs to address weight management with the same intensity with which they address diabetes.

Empowering team members such as dietitians (internally or through referral), physicians' assistants, and office staff members to engage patients in discussion and implementation of weight loss principles, including lifestyle modifications, can save time and improve adherence. Patient education can be provided through engaging written materi-

als and video programs. Realistic discussions soliciting information about patients' concerns, barriers, and experiences, which may be useful in mutual decision-making, can be started in advance of office visits when team members identify patients who could benefit from weight discussions and send them interactive information electronically. Because >80% of Americans use the Internet for health information, most patients embrace this communication technique (8,9).

It has been said that the definition of insanity is doing the same thing over and over again expecting a different result. Providers recognize that lifestyle modification is the cornerstone of weight management, but only 45% surveyed would refer patients to a dietitian and recommend exercise (6). Surprisingly, when patients fail lifestyle therapy, these providers would ask patients to *increase* physical activity or begin medication therapy discussions. If weight loss slows on medications, 42% said they would once again advise *increasing* physical activity—despite admitting that nonadherence to lifestyle regimens is largely responsible for the lack of patient success!

Patient activation in weight management requires an expanded education and SDM approach to therapeutic options to support struggling patients over the long term. Self-management and SDM tools that present lifestyle and medication options in a realistic way—just as those used for diabetes—will be necessary in primary care to

successfully address the challenges of overweight and obesity.

## Duality of Interest

Ms. Beebe is a partner in PEPNetwork, an online provider of patient and health care provider education programming. No other potential conflicts of interest relevant to this article were reported.

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