



Original article

Primary care provider management of patients with obesity at an integrated health network: A survey of practices, views, and knowledge

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Abstract

Background: Obesity is a serious health problem that affects a wide range of patients and disease processes.

Objective: The purpose of this study is to evaluate perceptions, knowledge, and practice habits of primary care providers (PCPs) regarding the care of patients with obesity, including barriers to effective care and their experience with bariatric surgery in our integrated health network.

Setting: Integrated health network.

Methods: A 16-question survey was distributed electronically to 160 PCPs at our integrated health network. Results were analyzed to identify attitudes, knowledge, practice habits, and bariatric surgery referral patterns while treating patients with obesity.

Results: Among 160 PCPs, 45 (28.1%) responded. Specialty, sex, patient population, insurance accepted, and practice years of PCPs were reported. Most PCPs reported “always” calculating patient body mass index (88.9%) with only 13.3% “always” discussing the body mass index results. Respondents most frequently prescribed diet and exercise to patients with obesity and rarely prescribed medications, with bariatric surgery referrals falling between the two. PCPs viewed management of obesity as the responsibility of the patient (97.6%) and the PCP (100%). Ninety-three percent felt obesity is a common diagnosis in their practice, but no one correctly identified the prevalence of obesity in our region. Respondents demonstrated adequate knowledge regarding medical consequences of obesity. A majority was able to identify the correct eligibility criteria for bariatric surgery, as well specific medical problems that can improve or be eliminated postoperatively. While 61.9% of respondents were aware of free weight loss and bariatric informational sessions offered, 28.6% reported that they were unfamiliar with existing bariatric surgeons. One respondent was not aware of any bariatric surgery performed. Some PCPs reported prior negative experiences with post-bariatric surgery patients, and thus were hesitant to refer additional patients.

Conclusions: PCPs report discussing an obesity diagnosis with patients but are not always using

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body mass index in that discussion. They most often prescribe lifestyle modification as treatment for patients, which they believe to be most effective to treat obesity. However, they report only one third of their patients are motivated to lose weight. Additionally, they demonstrate appropriate knowledge of indications and benefits of bariatric surgery. A majority of the PCPs is aware of weight loss informational sessions and bariatric services provided within our integrated health network, but almost one third were unable to identify a surgeon, a possible target for improved relationships. Barriers to care include patient motivation and insurance coverage. (*Surg Obes Relat Dis* 2018;000:1–6.) © 2018 American Society for Bariatric Surgery. Published by Elsevier Inc. All rights reserved.

Keywords: Primary care; Management of patients with obesity

Obesity is a serious health problem that affects a wide range of patients and disease processes. The U.S. Preventive Services Task Force recommends screening and counseling for adults with obesity [1]. It has been estimated that even modest weight reduction can extend life expectancy and reduce lifetime medical expenditures associated with chronic conditions [2]. However, physicians often avoid the topic of weight loss and obesity altogether [3]. Several barriers to management of patients with obesity have previously been described, including perceived inability to change behavior [4], lack of known effective treatments [5], negative attitudes [6], and lack of motivation [7]. The purpose of this study was to evaluate perceptions, knowledge, and practice habits of primary care providers (PCPs) regarding the care of patients with obesity, including barriers to effective care and their experience with bariatric surgery in our integrated health network (IHN).

Methods

Survey

Based on previous research [8–12], a 16-item survey was created to evaluate practice habits, views, and knowledge of PCPs in our IHN regarding obesity and obese patient management (Appendix 1). The survey was broken down into the following 5 sections: demographic characteristics, practice habits, views and experience, knowledge, and available resources. A free text box was included at the end of the survey to solicit comments and perspectives. Before distribution, a research associate within our IHN, the vice president of the primary care service line, and a practicing bariatric surgeon carefully reviewed the survey.

Distribution

The online survey was distributed as a hyperlink via email to 160 physicians comprising the primary care service line at our IHN. We used a commercially available online survey platform to build and implement the survey. These PCPs were spread over 60 locations, each owned, operated, associated, or affiliated with our IHN. All re-

sponses were anonymous. No incentives were used. To increase response rates, an additional email notification was sent encouraging completion of the survey 2 weeks after initial distribution.

Analysis

Results were analyzed to identify demographic characteristics, practice habits, attitudes, knowledge, and bariatric surgery referral patterns while treating patients with obesity. A 5-point Likert scale (never, rarely, sometimes, frequently, always) was used to evaluate PCP practice habits. A second Likert scale (strongly agree, agree, neutral, disagree, strongly disagree) was used to evaluate views and experiences regarding the treatment of obesity. These responses were grouped into positive (strongly agree, agree), negative (disagree and strongly disagree), or neutral responses. Demographic information is displayed descriptively using percentages of responses. Likert scale responses are depicted as diverging bar graphs with percentages to illustrate distribution of responses.

Results

Demographic characteristics

Among 160 PCPs from 60 locations, 45 (28.1%) responded. Specialty, sex, patient population, insurance accepted, and practice years of PCPs were reported as described in Table 1. Respondents were evenly split between family practice and internal medicine specialties. Of the 45 respondents, 71.1% were female, 26.6% were male, and 2.2% chose not to answer. The physicians who responded had a wide range of experience from 0 to >25 years' experience as a PCP, and 64.4% reported working with a suburban population. Physician respondents also reported a variety of insurance plan coverage, with 48.9% indicating their practice population is covered equally between private plans and Medicare/Medicaid plans.

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