# Multidisciplinary Teams and Obesity



## Role of the Modern Patient-Centered Medical Home

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#### **KEYWORDS**

• Obesity management • Primary care • Patient-centered medical home

#### **KEY POINTS**

- Interdisciplinary teams within patient-centered medical homes (PCMH) can effectively screen for obesity and provide sustainable treatment options with close follow-up to achieve greater weight loss.
- Behavioral health plays a major role in effective weight loss. Embedded behavioral health specialists in PCMH teams offer an expanded variety of behavioral modifications.
- Behaviorally based treatments are safe and effective for weight loss and maintenance.

#### INTRODUCTION

The concept of the modern patient-centered medical home (PCMH) began in 1967 when the American Academy of Pediatrics used the term "medical home" to describe the role of primary care pediatricians in the treatment of children with chronic

Disclosure Statement: The authors have nothing to disclose.

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Prim Care Clin Office Pract 43 (2016) 53–59 http://dx.doi.org/10.1016/j.pop.2015.08.010 0095-4543/16/\$ – see front matter Published by Elsevier Inc.

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conditions. Over time, the medical home has evolved into a model of health care delivery applicable to all—not just children or those with chronic conditions. The PCMH consists of 7 core principles: a personal physician, team-based care led by a primary care physician, a whole-person orientation, care that is coordinated across the health care system, enhanced quality and safety through the use and integration of new technology, enhanced access to care, and new payment methods to reflect care that is value added.<sup>2</sup>

With American health care in a period of massive transition, the PCMH model has transformed both small practices and large health care systems. The PCMH model has also become an attractive mechanism to deliver quality health care at a lower cost. Several studies show that PCMH teams effectively provide high-quality care with increased patient satisfaction and reduced costs. The PCMH model has been correspondingly endorsed by multiple medical societies including the American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians, and the American Osteopathic Association.<sup>2</sup>

One in 3 American adults are obese (defined as a body mass index of >30 kg/m²). The prevalence of obesity has increased by more than 130% since the late 1970s¹0 and continues to rise. Addressing the chronic public health challenges posed by increasing rates of obesity is a priority for primary care physicians working within interdisciplinary teams. Obesity leads to increases in mortality, coronary artery disease, type 2 diabetes mellitus, certain cancers, musculoskeletal injuries/chronic pain, maternal and fetal complications during pregnancy, and other diseases. <sup>11</sup>

The US Preventive Services Task Force recommends primary care clinicians offer obese adult interventions to help promote weight loss. <sup>11</sup> With practices transforming to PCMH models across the United States, teams are well-positioned to provide necessary services to combat preventable comorbidities associated with obesity as well.

It is difficult for most primary care physicians to dedicate sufficient time and resources to accomplish meaningful behavioral changes for patients desiring to lose weight or reduce the risk of chronic disease purely on their own.<sup>12</sup> A team of health care professionals from multiple disciplines can provide more comprehensive value and evidence-based care that is proven to combat obesity and other preventable diseases. Structured behavioral counseling for weight loss can be provided by a variety of trained specialists in the PCMH setting.<sup>13,14</sup>

#### The Patient-Centered Medical Home Model: A Personal Physician for Everyone

A specific primary care physician should lead the PCMH health care team and help to structure individualized plans for patient care. <sup>14</sup> A thorough personal, family, occupational, and social history should include a review of current medications known to cause weight gain, use of over-the-counter herbal or sports supplements, a behavioral health history, and physical activity patterns. <sup>14</sup> An appropriate physical examination with indicated ancillary testing can rule out organic causes of obesity (eg, thyroid disease). In the context of team-based care, primary care physicians are best suited to manage complex comorbidities such as diabetes, hypertension, hyperlipidemia, cardiovascular disease, depression, and anxiety. <sup>14,15</sup> Primary care physicians are also best positioned to initiate conversations about the decision to pursue adjunctive medication therapy <sup>12</sup> or to initiate bariatric surgical consultation. <sup>15</sup> Working with the rest of the PCMH team, primary care physicians are then best able to construct and coordinate safe courses of action to meet the needs of each patient for an individualized and comprehensive weight loss plan. <sup>15</sup>

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