

Focusing on the Role of a Medical Assistant in a Team-based Weight-counseling Project in Primary Care

Maura Moran Brain, DNP, NP-C, GNP-BC, Jennifer Hackel, DNP, ANP-BC, Eileen M. Stuart-Shor, PhD, ANP-BC, FAAN, and Joanne Dalton, PhD, RN, PHCNS-BC

ABSTRACT

There is a paucity of literature describing team-based approaches to weight-loss counseling and using a medical assistant (MAs) as a weight-loss counselor at the time of the patient's arrival to the primary care clinic. This case study describes the role of the MA in a team-based project for weight counseling. Project data revealed an increase in patient knowledge about body mass index and health. MAs and patients viewed the role of the MA as a weight-loss counselor positively.

Keywords: medical assistants, primary care, team approach, weight-loss counseling

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According to a recent report by the Surgeon General, obesity, defined as a body mass index (BMI) of $> 30 \text{ kg/m}^2$, contributed to an estimated 112,000 preventable deaths in the United States in 2010 alone.¹ Weight reduction among persons with obesity has been shown to reduce the incidence and prevalence of comorbidities such as cardiovascular disease and diabetes.¹ Economically, weight management in primary care is highly cost effective when compared with weight-loss strategies conducted in specialty clinics.² National data about obesity prevalence show an increase in frequency and a disproportionate burden on minorities, which raises issues of equality and access to health care.² One possible solution to assisting patients in managing weight loss may be a team-based approach.

There has been a lack of research studies describing a team-based approach to weight-loss counseling and using medical assistants (MAs) as weight-loss counselors at the time of a patient's arrival to the primary care clinic. Effective use of all team members by creating a team approach for weight counseling may make patient weight counseling more attainable and may be more successful due to the ethnic diversity of the health care

providers who counsel patients.³ A patient's first contact at a primary care visit is often with a member of the support staff, most typically an MA, who weighs the patient prior to their visit with the nurse practitioner (NP) or other primary care provider (PCP). During this initial MA "weigh-in" encounter, the MA could begin the process of addressing obesity by beginning a conversation with the patient about their body mass index (BMI).

The purpose of this report is to present a case study that describes the development, implementation, and outcomes of a team-based project for weight counseling that focuses on the role of the MA using the Model for Improvement (Plan, Do, Study, Act).⁴ The Model for Improvement was selected because it was familiar to the practice and facilitated rapid change and adaptation of clinic processes.⁴

DEVELOPMENT OF THE PROJECT (PLAN)

Setting

This team-based project took place in a hospital based primary care teaching practice Healthcare Associates that is part of the Beth Israel Deaconess Medical Center in Boston, MA provides care to $> 40,000$ patients, accounting for nearly 100,000 visits annually. Clinic

providers include 64 physicians, 134 rotating medical house staff, 5 NPs, 12 full-time equivalent BSN-in-nursing-prepared registered nurses, 8 licensed practical nurses (LPNs), 6 clinical social workers, and 17 MAs.

Weight-loss counseling was typically offered to a patient by a PCP (an NP or medical doctor [MD]) during a follow-up visit. However, due to other pressing concerns, weight-loss counseling was often not provided by health care providers. Therefore, a team-based approach was developed using MAs to begin the conversation regarding weight loss and BMIs when a patient is weighed prior to the PCP visit. The focus of this team-based project was to determine whether MAs could become successful at screening and providing behavioral counseling to patients with elevated BMIs.

The MA was selected as the provider to have this initial conversation about weight loss with the patient, because, in this practice, the MA is the provider who checks-in and weighs the patient before they see their scheduled provider. The LPN was not selected to participate in this practice change, because, at the time of this project development, the LPN provider role was new to this practice, and staffing, education, and role definition was still occurring for the LPN.

Outcomes

The measurable patient end-result outcomes were to:

1. Increase patients' knowledge of how BMI affects health.
2. Increase patients' satisfaction with their health care experience.
3. Improve (reduce) patients' BMIs.

The MA process outcomes for the team-based project were to have MAs:

1. Successfully identify patients willing to make behavioral change.
2. Provide behavioral counseling to patients with elevated BMIs.
3. Provide patients a list of available community resources to assist with weight loss.
4. Refer patients who indicate willingness and readiness (according to behavioral-change readiness tool) to clinical nurses for a follow-up phone call using motivational interviewing (MI) methods to support a lifestyle change.

Patients' outcomes and MA process outcomes were evaluated by reviewing patients' records and questionnaires.

Team Members and Project Process

The [Figure](#) shows how other team members participated in the project. It shows how clinical nursing provided outreach calls to patients who were considered highly motivated to make changes after being asked about their willingness to make changes by the MAs. PCPs mentioned to patients that they were aware that the MA had counseled them about their BMI and reinforced that a reduction in weight would have a positive effect on their overall health.

MAs first assessed patients using the inclusion criteria. If a patient met the inclusion criteria, MAs then used a questionnaire designed by the National Institutes of Health⁵ to evaluate the patient's interest in making a change in self-care behavior relating to their weight. All patients who scored ≥ 8 on this question were then asked about their willingness to receive a follow-up phone call by a clinical nurse. The MA documented each patient's National Institutes of Health readiness score and their willingness to receive a telephone call from a registered nurse, and then notified the project director (PD).

Education for MAs

The [Table](#) presents the objectives, content, method of teaching, and time allotted to each content area. Five MAs were recruited and an educational module was developed that included how to: calculate and assess a BMI; measure waist circumference; explain to patients how BMIs and waist circumference are related to health status; talk nonjudgmentally with patients about their BMI; and assess patients' stage of readiness to change using the 5 A's tool (ask, advise, assess, assist, and arrange).³ The 5 A's counseling tool was developed and used to help the MAs counsel patients regarding their BMIs. Pre- and post-education questionnaires were administered to the MAs before and after training to test knowledge and comfort level with the information.

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