

Adult Obesity Care Path (≥ 18 years old)

Screening and Diagnosis	
BMI (at least annually): ≥ 25 kg/m ² =overweight; ≥ 30 kg/m ² =obese	
Treatment	
<i>Patient with Obesity</i>	<i>Patient with Morbid Obesity</i>
<p>Definition:</p> <ul style="list-style-type: none"> ➤ BMI ≥ 30 <p>Exams:</p> <ul style="list-style-type: none"> ➤ Annual Chronic Disease visit (insurance won't cover exam for this diagnosis; code for co-morbidities) ➤ Annual Waist Circumference (≥ 90 cm for women and ≥ 100 cm for men indicates high risk) <p>Labs and Imaging:</p> <ul style="list-style-type: none"> ➤ Annual Fasting Lipid Panel ➤ Annual Fasting Blood Glucose or Hemoglobin A1c <p>Patient Engagement:</p> <ul style="list-style-type: none"> ➤ Encourage five one-cup servings daily of fruits and vegetables. ➤ Encourage a reduction in caloric intake, especially high-fat and high-refined 	<p>Definition:</p> <ul style="list-style-type: none"> ➤ BMI ≥ 35 OR ➤ BMI ≥ 30 with obesity-related diagnosis (diabetes, heart disease, sleep apnea, GERD, OA of weight-bearing joints) <p>Exams:</p> <ul style="list-style-type: none"> ➤ Chronic Disease visit every 3 months (code for co-morbidities) <p>Labs and Imaging:</p> <ul style="list-style-type: none"> ➤ Annual Fasting Lipid Panel ➤ Annual Fasting Blood Glucose or Hemoglobin A1c <p>Patient Engagement:</p> <ul style="list-style-type: none"> ➤ Encourage five one-cup servings daily of fruits and vegetables. ➤ Encourage a reduction in caloric intake, especially high-fat and high-refined

Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the "ACO") in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

carbohydrate foods.

- Encourage total abstinence from sugar-sweetened beverages.
- Encourage ≥ 150 minutes of moderate or vigorous aerobic physical activity per week consisting of at least 10 minutes per session.
- Encourage use of meal replacements.

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- Encourage ≥ 150 minutes of moderate or vigorous aerobic physical activity per week consisting of at least 10 minutes per session.
- Offer formal meal replacement programs, medications or surgical options.

Specialist Consult

When to Refer:

- Patient doesn't lose or maintain loss of 5% of body weight.
- Patient is unable to achieve or maintain his/her weight goals.
- Patient in distress due to other symptoms, e.g. joint pain, uncontrolled diabetes mellitus, etc.

Evaluation to Consider:

- TSH
- PHQ-9 for depression screening
- Modified Eating Disorder Screening for Primary Care (ESP) for eating disorders screening
- BANG Profile (profile of a typical sleep apnea suspect)
 - **BMI=30+**
 - **Age=50+**
 - **Neck size=16"+**
 - **Gender=Male**
- STOP Test (sleep apnea suspect)
 - **Snore** Do you snore?
 - **Tired** Do you feel tired/sleepy?
 - **Observed** Has someone observed you stop breathing during sleep?
 - **Pressure** Do you have treated or untreated high blood pressure/hypertension?
 - If patient answered "yes" to two or more of the above questions, they are likely to have sleep apnea.

References:

1. intermountainphysician.org/ClinicalPrograms or intermountain.net/ClinicalPrograms.2013. (Document referred.) Date accessed 7/09/2014.

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