Initial Participation with a Telehealth Integrated Weight Management Pilot

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OBJECTIVE

Primary Care Integrated Weight Management (IWM) pilot project, modeled on the collaborative care model (CoCM) for behavioral health, goal is to better integrate treatment into primary care and is structured using a multi-disciplinary group of physicians, registered dietitians (RD), and administrative staff from various departments and primary care practices of an academic medical institution.

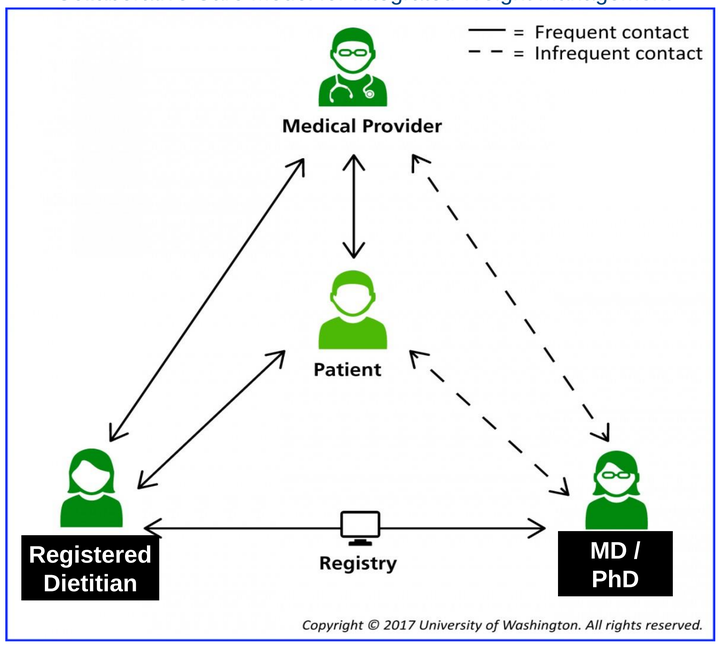
EVIDENCE

In South Carolina, the lack of access to dietetic providers is apparent with a national obesity rank of 7th highest and 4th highest for the prevalence of diabetes. The service expands access to care for all patients who may need treatment for weight management, diabetes, and management of lipid disorders. The demand is not surprising in a state where 35% of adults and 17% of youth have overweight or obesity with obesity-related diseases taking a heavy toll. MUSC RDs and the PCP collaborate to counsel and educate both pediatric and adult patients on controlling portion sizes, tailoring healthy meal plans to the patient's personal and cultural food preferences and socioeconomic concerns, and incorporating physical activity.

Multiple published studies indicate that a collaborative model of care improves clinical outcomes

INTEGRATED WEIGHT MANAGEMENT

Collaborative Care Model for Integrated Weight Management



Ages	Inclusions	Exclusions
Adults 18 years & older	BMI > 25	Eating disorder, ESRD
		Advanced age (75+)
		Pregnancy/breastfeeding
Pediatrics 2 to 22 years	BMI > 85th %	Disordered eating patterns
	Normal BMI but concerning trajectory (crossing to 95th %)	Abnormal thyroid studies
	Hypertension 2nd to obesity	Type 1 Diabetes Mellitus
	Dyslipidemia, High triglycerides, Prediabetes	Pregnancy

BACKGROUND

The development, implementation, and initial evaluation of this project began in April 2022. The initial enrollment was with four rural clinics with patient enrollment following in January 2023. The initial six-month period scheduled consults for possible patient participation increased by 16% over the prior six-month period with completed consultations increasing by 20%. The IWM consults account for 61% of all conducted telenutrition visits at these clinics. During this period, patient enrollment was 21 adult patients and 5 pediatric patients with 63 consults.

CONCLUSION

In conclusion, the project expanded in later 2023 to include rural pediatric only practices to better serve patients of all ages from underserved, rural counties, such as Beaufort and Kershaw. Future growth of access to nutrition care is targeted for family medicine practices' locations in Georgetown and Horry counties. Initial findings outline what we have learned thus far with best practices for an effective, integrated weight management service. Combining efforts with individual providers will start to produce positive changes.

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