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Society of Behavioral Medicine Call to Action: Include obesity/overweight management education in health professional curricula and provide coverage for behavior-based treatments of obesity/overweight most commonly provided by psychologists, dieticians, counselors, and other health care professionals and include such providers on all multidisciplinary teams treating patients who have overweight or obesity.

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Society of Behavioral Medicine Call to Action: Include obesity/overweight management education in health professional curricula and provide coverage for behavior-based treatments of obesity/overweight most commonly provided by psychologists, dietitians, counselors, and other health care professionals and include such providers on all multidisciplinary teams treating patients who have overweight or obesity

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Abstract

Obesity is a serious chronic disease whose prevalence has grown to epidemic proportions over the past five decades and is a major contributor to the global burden of most common cancers, heart disease, Type 2 diabetes, liver disease, and sleep apnea. Primary care clinicians, including physicians, nurse practitioners, and physician assistants, are often the first health care professionals to identify obesity or overweight during routine long-term care and have the opportunity to intervene to prevent and treat disease. However, they often lack the training and skills needed to deliver scientifically validated, behavior-based treatments. These gaps must be addressed in order to treat the obesity epidemic.

The Society of Behavioral Medicine strongly urges health professional educators and accrediting agencies to include obesity and overweight management education for primary care clinicians. Additionally, we support promoting referrals and reimbursement for psychologists, dietitians, and other health care professionals as critical members of the care team and improving reimbursement levels for behavioral obesity and overweight management treatment.

Keywords

Weight management, primary care intervention, primary care training

POSITION STATEMENT

We recommend the need to:

- Train primary care clinicians in the management of obesity and overweight and referral to relevant experts.
- Include psychologists, dietitians, and other health professionals in interprofessional education curricula.
- Provide adequate reimbursement for these services.

Implications

Practice: Weight management counseling delivered by physicians, psychologists, nurses, and nutritionists can increase the likelihood that patients with overweight or obesity will be better able to manage their weight.

Policy: Policy makers must address the high prevalence of overweight and obesity in the population through policies that call for reimbursement for weight management services provided by clinicians, including psychologists, nurses, and nutritionists.

Research: Future research should be aimed at effective methods to teach clinicians, including nurses, nutritionists, and medical and family practice residents, evidence-based strategies needed to help patients manage their weight.

INTRODUCTION

Summary statement

The Society of Behavioral Medicine (SBM) strongly urges health professional educators and accrediting agencies to include obesity and overweight management education for primary care clinicians. Additionally, we support promoting referrals and reimbursement for psychologists, dietitians, and other health care professionals as critical members of the care team and improving reimbursement levels for behavioral obesity and overweight management treatment.

Background

Obesity is a serious chronic disease whose prevalence has grown to epidemic proportions over the past five decades. It is now a major contributor to the global burden of most common cancers, heart disease, Type 2 diabetes, liver disease, and sleep apnea. Primary care clinicians, including physicians, nurse practitioners, and physician assistants, are often the first health care professionals to identify obesity and overweight during routine long-term care and have the opportunity to intervene to prevent and treat disease. However, they often lack the training needed to deliver scientifically validated, behavior-based treatments. Further, they rarely refer to specialists who have extensive training in obesity and overweight management, such as trained psychologists, dietitians, and other health professionals.

Assessment of current policies

- Primary care clinicians do not have adequate knowledge or training in how to provide minimal treatment or appropriate referrals for patients who have overweight or obesity.
 - Most recent clinical guidelines for the treatment of obesity recommend that primary care clinicians refer patients who have obesity for intensive, multicomponent behavioral interventions [1--4].
- Primary care clinicians need to be able to offer primary obesity or overweight treatment services within the context of normal longitudinal patient care either by providing basic counseling or by referring patients to specialists who provide these services.
- Primary care clinicians generally receive insufficient training in their foundational education programs and experience inadequate health insurance coverage for such referrals. Both factors impede their ability to provide effective care for patients who have obesity or overweight.
- As new evidence becomes available, clinicians need to be aware of and apply evidence-supported treatment and provide access to specialists who can most effectively provide that treatment.
- In recognition of the need for training, the Obesity Medicine Collaborative has developed a set of obesity management competencies for specially trained clinicians and other health care professionals [1].
- The Medicare Diabetes Prevention Program Expanded Model provides reimbursement for evidence-based Diabetes Prevention Program (DPP) style group weight loss programs [2]. This program, provided by trained interventionists in the primary care setting, follows evidence-based protocols from the DPP. To fully utilize such policies, it is critical that primary care clinicians are provided obesity and overweight management education to most appropriately refer to and use these important resources.

- The Patient Protection and Affordable Care Act (ACA) does not adequately cover reimbursement for behavioral treatment of overweight and obesity in the primary care setting.
 - The ACA expanded coverage of obesity management through the support of USPSTF guidelines rated A or B [3, 4].
- The 2018 USPSTF guideline for adult obesity addresses primary care clinicians only and does not specifically include other specialists in providing behavioral treatment of obesity as part of the primary care team.
- Current Centers for Medicare and Medicaid Services (CMS) reimbursement is inadequate and does not include psychologists, dietitians, and other health professionals within the context of the primary care setting.

A limited reimbursement structure combined with lack of training restricts potential for adoption and implementation of recommended obesity and overweight management services.

Policy recommendations

Recommendations for health professional educators and accrediting agencies for medical schools and nurse practitioner and physician assistant educational programs:

- Train primary care clinicians in the management of obesity and overweight and referral to relevant experts.
- Include psychologists, dietitians, and other health professionals in interprofessional education curricula.

Recommendations for policy makers

- Increase CMS reimbursement levels for primary care clinicians who provide obesity or overweight management education during primary care patient visits.
- Expand CMS reimbursement in the primary care setting to include psychologists, dietitians, and other health professionals who provide intensive services for obesity or overweight so that adequate ongoing follow-up and referral are implemented in practice.
- Create CMS initiatives for interprofessional team delivery of obesity or overweight management services.

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Health Policy Council for review and final approval. Once the Health Policy Council votes to approve the policy brief, then it goes into production by the Society of Behavioral Medicine staff who format the final brief and create accompanying infographics. The authors have full control of the entire content of this manuscript and allow the journal to review the information and sources.

Compliance with Ethical Standards

Conflicts of Interest: The authors declare that they have no conflict of interest. This project was not funded. This manuscript is not being simultaneously submitted elsewhere.

Authors' Contributions: J.K.O. drafted the original brief on which this article is based also revised article to be consistent with journal guidelines; K.A. added some sections to original article; K.S.P. added some sections to original article; M.F. reviewed article and provided feedback and edits; J.B. reviewed article and provided feedback and edits; A.D. reviewed article and provided feedback and edits.

Ethical Approval: All procedures were conducted in accordance with ethical standards. This article does not contain studies with human participants

performed by any of the authors. This article does not contain any studies with animals performed by any of the authors.

Informed Consent: For this type of study formal consent is not required.

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