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Implementing Guidelines for IBT in conjunction with CMS Regulations

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Introduction: The AMA house delegates announced obesity as a disease and stated that it required a range of medical interventions to advance its treatment and prevention. Along with this, the CDC has reported that obesity rates have increased dramatically in the U.S and it is now considered an epidemic. In the Medicare population alone, over 30% of people are obese. Efforts have been made to increase preventative measures on obesity since the Affordable Care Act listed it as 1 of the top 10 essential health benefits. IBT or intensive behavioral therapy is one of the new services now being offered to Medicare patients. As of November 29, 2011 Medicare now covers IBT for obesity, defined as a BMI of 30kg/m^2 or greater for the prevention or early detection of illnesses and disabilities. IBT consist of the following:

•Screening for obesity in adults using measurements for BMI

•Dietary (nutritional) assessment

•Intense behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.

•IBT is based off the 5 A's approach adopted by the United Preventative Services Task Force and Centers for Medicaid and Medicare Services for obesity counseling. Primary care physicians will preform it.

Plan: IBT is a year long program, its schedule consist of Face to Face weekly visits for the 1st m month. It then moves to face to face visits every other week for months 2-6, and for months 7-12 visits are once a month. This constitutes a total of 20 visits in the year. In order for the patient to continue with the IBT program, they must lose a total of 6.6lbs in the first 6 months. Although a complete time line has been developed, there are no uniform guidelines or resources on how a primary care physician should conduct IBT and what exactly should be targeted at each visit.

3 Year Timeline

•**1st year**- Create Universal guidelines for IBT and assemble tools/handouts to use during each IBT session

•**2nd year**- Partner with Primary Care Physician and run a pilot study using Universal IBT Guidelines and tools/ handouts

•**3rd year**- Collect data and analyze, implement into capstone project

Table 1.. The 5 As Approach Adopted by the USPSTF and CMS in Obesity Counseling[8,9]

Assess	Ask about and assess behavioral health risk (s) and factors affecting choice of behavior change goals and methods
Advise	Give clear, specific, and personalized behavior change advice including information about personal health harms and benefits
Agree	Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change behavior
Assist	Using behavior change techniques (self-help or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social and environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate
Arrange	Schedule follow-up appointments (in person or by telephone) to provide ongoing assistance and support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

CMS Centers for Medicaid & Medicare Services; USPSTF United States Preventative Services Task Force

IBT Step by step from Visit 1-20

Initiation phase (1-4)

1st visit: 30 minutes Handouts: 1A, 1B
AWV or IPPE + Ask
- Calculate BMI, hip to waist ratio
- If > 30 inform patient
- Ask if concerned about weight and health
- Describe IBT program (20 visits ect/ 1 year program covered by Medicare, weight loss requirements ect)
- If patient agrees, give them Weight Management Program Survey
- Also give patient 7 day food journal to be completed and examined on next visit
- Schedule 2nd visit 1 week later

2nd visit: 30 minutes Handouts: 2A, 2B, 2C, 2D
Advise, Agree, discuss comorbidities with provider
- Review intake survey with patient
  - Determine nutrition deficits
- Introduce motivations and barriers to weight loss
  - Motivators
    - Gain more mobility
    - Reduce risk of Diabetes, Cardiovascular, BP
    - Have more energy
  - Barriers
    - Changing food habits
    - Social relationships (supportive or not)
    - Boredom
    - Lack of planning
- Address comorbidities and create a plan specifically tailored to individual patient needs
- Advise patient to use **SMART goals** when creating weight loss plan
  - **S** Specific: Choose one specific behavior modifier per goal to work on.
  - **M** Measurable: Can you measure this against a baseline?
  - **A** Attainable or Action-based behaviors: Is the goal attainable? Use action words when writing goals such as "I will" and "I do," rather than "try, should, would, could."
  - **R** Realistic: Do you have honest and realistic expectations of yourself with your time, body, likes/dislikes?
  - **T** Timely: Is the time allotted reasonable and manageable for you right now? And, when will it conclude?

Act / Conclusions: A completed guideline to conducting IBT was created along with labeled and organized tools/handouts sheet. The tools/handout sheet contains the list of resources to be used during each IBT session. Included in the handout is quality of life survey specifically QOL SP36. This is to be given to patients at the 1st visit, 14th visit, and the 20th visit. This will be scored and used to determine if their quality of life has improved as a result of the IBT pilot study. This data will then be analyzed to determine if the guidelines have a significant impact on weight loss for the patient as well as improve their quality of life. Obesity has become a serious health issues and it is imperative that the healthcare system create sustainable improvements to combating this issue.

Ways to improve: After extensive research some concerns and challenges have been identified with the Medicare obesity benefit.

•Weight loss intervention differs in older and younger adults, yet the benefit of IBT relies predominately on data collected from interventional studies on younger people.

•BMI is not the most accurate measure to identify obesity.

Proposals to overcome shortcomings:

•Obesity treatment should focus on improving quality of life, physical function, and mitigating muscle and bone loss rather than focusing solely on weight loss.

•Weight circumference or waist-hip ratio should be considered as additional anthropometric measures in ascertaining obesity.

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