

# VA/DOD Clinical Practice Guideline for Management of Overweight and Obesity

## PROVIDER REFERENCE

### MEDICAL OFFICE ENVIRONMENT

#### Care and Treatment of Overweight Adult

- Be more sensitive to your patients' needs by adapting office practices and the waiting room configuration. Set up your office with the equipment needed to assess and manage your patients.
- Ensure that patients are weighed in private. Staff should avoid commentary about the measured weight.
- Clinic personnel must treat overweight and obese subjects with dignity and respect. This includes derogatory remarks and understanding that obesity is a multifactorial chronic disease and not necessarily a result of laziness, poor will power, or other character traits.

#### Equipment for waiting area

Open-arm chairs that can support more than 300 pounds

Firm sofas that can support more than 300 pounds

Weight-sensitive reading materials

Health promotion posters that display inspirational messages or physical activity tips

#### Equipment for exam room

Body weight scales with a capacity of 800 pounds

Height meter

Large gowns

Step stools with handle bars

Large adult and thigh blood pressure cuffs

Tape measure

Wide examination tables, preferably bolted to the floor.

Consider a hydraulic tilt, if possible.

#### Tools

Body mass index (BMI) chart

Self-administered medical questionnaire.

Eating Pattern Questionnaire

Physical Activity Pattern Questionnaire

Graphing Your Weight Gain Chart

Food and activity diaries

Pedometers

#### Procedures

Treatment protocols

Medication use

Referrals to other health care professionals

## **AUDIT FOR DELIVERY OF OFFICE-BASED OBESITY CARE**

### **Do you routinely assess and evaluate patients for overweight and obesity?**

For example, measure height, weight, waist circumference, body mass index (BMI); obtain a focused obesity history; assess readiness and barriers for weight loss.

### **What kinds of services or programs do you routinely provide to your overweight patients?**

For example, dietary and physical activity counseling, group support, referral to a registered dietitian, email correspondence, use of anti-obesity medications or formula diets.

### **Are the services or programs recorded in patient charts?**

For example, recommended dietary and physical activity behavioral changes; percent weight loss goal; correspondence to a registered dietitian, health psychologist, or exercise specialist; use and risks of anti-obesity medication.

### **What policies and procedures do you have in place for providing obesity care?**

For example, all patients have height, weight, waist circumference, and BMI measured and recorded in their chart; patient readiness is assessed before initiating treatment; weight loss goals are established and tracked in the progress notes; patients with a BMI of  $\geq 30$  are assessed for anti-obesity medications; those with a BMI of  $\geq 40$  are assessed for bariatric surgery.

### **What forms, patient handouts, and educational materials are you using?**

For example, focused obesity history form, diet and physical activity history forms, healthy snacks, strategies to increase physical activity during daily living, food and activity diaries, educational sheets on anti-obesity medications.

### **How does your office environment support or inhibit delivery of obesity care?**

For example, sturdy armless chairs, large arm and thigh blood pressure cuffs, large gowns, measuring body weight in a private setting, a sensitive and informed office staff.

### **What functions does staff currently serve in the provision of obesity care?**

For example, office nurse obtains weight, height, and BMI; physician's assistant reviews food and activity diaries and medication side effects; receptionist schedules referral appointments with dietitian and clinical psychologist.

### **What can you do differently?**

#### Source:

Roadmaps for Clinical Practice: Case Studies in Disease Prevention and Health Promotion. Assessment and Management of Adult Obesity: A Primer for Physicians. **Booklet 9:** Setting Up the Office Environment. American Medical Association.