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Healthcare Reform from the Bottom Up

Tom Bartol, NP

Healthcare reform has been a frustrating issue for me. It seems as though politicians get nowhere in this regard. But so much can be done to make health care better in the United States! We nurse practitioners can do our part to make health care better by starting small—from the bottom up.

We have two main problems in terms of health care: high cost and poor outcomes. Based on World Health Organization (WHO) data, the U.S. ranks second in healthcare spending per capita, with only the Marshall Islands outspending us.[1] In terms of overall level of health, however, the WHO ranks our country No. 72, just behind Argentina and ahead of Bhutan.[2] Overall health performance ranks the US No. 37, between Costa Rica and Slovenia.[2] It's easy to criticize the system and the politicians, but we NPs must assume some responsibility for achieving healthcare reform by taking certain matters into our own hands and working from the bottom up, patient by patient. We can't fix everything, but NPs in this country are in a strong position to both lower the cost of health care and improve the quality of health care. There are many ways that we can accomplish these goals, but I want to focus on the treatment of overweight and obesity (OW/O) as one example.

A new patient with obesity, diabetes mellitus (DM), and hypertension (HTN) recently came to see me. This patient was already on five medications, yet his blood glucose levels were not at goal. He expressed concern about taking so many medications. We discussed his weight, but he couldn't identify much that he could do to reduce it. To motivate him, I mentioned that he could likely stop one or more of his medications if he could find a way to lose some weight. With additional advice and encouragement, he was "sold."

Rather than just adding medications to OW/O patients' regimens, let's think about the root cause of their problems. It is often their *lifestyle.* We can discuss the need to lose weight, but I suggest that we go beyond just recommending weight loss. This is where real healthcare reform can take place. We can start by focusing on *lifestyle changes* as a key approach to treating obesity—and related DM and HTN. This approach involves not just telling patients that they need to lose weight, but also motivating them to lose weight and giving them specific yet simple strategies to help them do so. Rather than just prescribing more medications if patients' numbers aren't at goal, try using shared decision making to help them consider the various options for treatment, including lifestyle changes. Also, try enlisting the participation of staff members and colleagues in being supportive and affirming of patients' efforts.

About a year ago, the staff at our health center devised a plan to promote, support, and affirm weight loss among our patients, many of whom are obese. The prevalence of OW/O at our center is about the same as that in the U.S. as a whole—about two-thirds of the population. This level of OW/O imposes a tremendous burden on the US healthcare system, but it also poses a huge opportunity for change. If everyone in the country lost an average of 5 pounds, imagine how much healthier we'd be! Weight loss can't be legislated by politicians, but we, as healthcare practitioners, are in a prime role to help patients achieve it. Our plan at the health center was simply to focus attention on weight loss in OW/O patients at every visit by following these steps:

- Document weight and body mass index (BMI) at every visit.
- Check for any weight loss at every visit.
- Affirm any weight loss by OW/O patients at every visit, regardless of the reason for the visit that day.
- If a patient is OW/O by BMI definition, add it to the chronic problem list and include an assessment of OW/O (278.02 or 278.00, respectively) at each visit.
- Discuss *healthy weight* with OW/O patients, even if only briefly, regardless of the reason for the visit, and devise a small strategy to help achieve it.
- Recommend a routine follow-up visit every 1-3 months for OW/O patients.
- Give patients a paper star or similar symbol with

the amount of weight that they have lost written on it. Then ask patients to write their name on the star and hang it on the wall or bulletin board at the health center designated for this purpose.

■ After patients have hung the weight loss token, instruct them to ring a bell. All staff members and practitioners hearing the ringing bell—those at the front desk or in the medical records office or in the laboratory or at the nurses' station or in their offices—will then clap their hands.

■ After patients leave the exam room, give them something equivalent to the weight they have lost—we use rocks in a bucket—to carry to the front desk check-out staff so that patients can *feel* how much weight they have lost.

■ Keep a spreadsheet on which you record the total number of pounds shed each month at your health center, clinic, or office, and the total number of patients who have lost weight that month. Hold an event at the end of the year celebrating the total amount of weight lost.

3 Simple Strategies for Weight Loss

1. Exercise 5 minute a day, every day.
2. Eat 5 fruits or vegetables a day.
3. Do not eat anything after 7:00 PM.

Consider implementing these strategies yourselves. You'll find yourselves even more motivated to share them with your patients!

A key to this program is the participation of all the health center staff members. Everyone has supported the program and has provided the unexpected applause, which serves as a strong affirmation for patients. At the end of year 1 of the program, 600 patients lost a total of 4594.8 pounds![3] Many patients were able to stop one medication or, in some cases, several medications, and they gained better control of their chronic conditions. It was a win-win situation. Best of all, patients said they felt better, they had more energy, and they felt better about themselves.

To mark the occasion, we invited members of the press and politicians to a media event. ***We wanted everyone to know that our patients had lost more than 2 tons in the past year in a program that had no financial cost.*** We invited state and federal legislators and even the President and the Surgeon General. The goal wasn't to get them all to appear at the event but, rather, to make them aware of what our patients and staff were doing. Our plan was publicized as an exemplar of healthcare reform. The President didn't attend, but Senator Olympia Snowe sent a letter that was read at the event and Senator Susan Collins sent a representative in her place. State legislators attended, and the director of the Maine CDC gave a speech. Also participating were patients, some of whom spoke about their experiences with weight loss and their improved health.

Our media event sent a message to politicians and the public alike—that healthcare reform is possible through weight loss programs like ours. At the end of 2011, the Centers for Medicare and Medicaid Services announced that Medicare would begin covering screening and counseling for obesity.[4] For obese patients, coverage would include weekly visits for a month then biweekly visits for 5 months. Interventions are to be based on the 5-A framework: Assess, Advise, Agree, Assist, and Arrange. There are provisions for an additional 6 months of therapy. This is a major step in the right direction by the government!

What were the keys to our success? (1) We identified the problem (obesity) and worked with patients to manage it. (2) We provided simple yet specific lifestyle-management strategies at each visit, even if patients came to the health center for a minor problem such as a sore throat. (3) We showed patients that someone cares about them and is willing to work with them on weight loss. (4) We broached the topic of weight loss in a positive, nonjudgmental way. Patients were not told to lose weight but, rather, were asked about their weight and were given specific ideas about how to lose weight. (5) We scheduled follow-up visits, which served as motivators. I had always followed patients regularly for chronic problems such as DM or HTN, but now, I was scheduling a 1-, 3-, or 6-month follow-up visit for the problem of obesity.

As NPs, we have an opportunity to initiate healthcare reform from the bottom up. With a yearly healthcare expenditure of $2.5 *trillion* in this country (17.6% of our GDP), the current path is not sustainable.[5] If we can sharpen our focus on OW/O, sharing practical strategies and following up regularly to affirm and assist with lifestyle changes, we will see an improvement in people's health in this country, and we will reduce the cost of health care at the same time...from the bottom up!

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Tom Bartol can be reached at Bartol@gwi.net.