Patient Engagement Survey

The Failure of Obesity Efforts and the Collective Nature of Solutions

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Advisor Analysis

Health care providers view obesity as an epidemic, and many call it a high or extremely high priority at their organizations. Yet clinicians find patients’ engagement in addressing their obesity to be suboptimal. These and other findings from the latest NEJM Catalyst Insights Council survey reveal much about why U.S. society is not succeeding in addressing obesity. Patients hold responsibility for their actions, but providers’ approaches to address obesity often fall short as well.

Who are the top three stakeholders with the primary responsibility for addressing obesity?

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual patients</td>
<td>90%</td>
</tr>
<tr>
<td>Individual primary care physicians</td>
<td>47%</td>
</tr>
<tr>
<td>PCP teams</td>
<td>42%</td>
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</tbody>
</table>

One of the biggest challenges is patient engagement. The survey respondents—who are clinicians, clinical leaders, and health care executives at U.S.-based organizations directly involved in health care delivery—report high rates of obesity among their patients. More than half (53%) say that between one-fourth and half of their organizations’ patients are obese, while another third (34%) say that more than half of patients are obese.

Yet 44% of survey respondents say their obese patients are not very engaged or not at all engaged in addressing their weight. Only 10% describe their obese patients as extremely or very engaged. The rest are considered moderately engaged.

Who Is Responsible for Weight Loss?

Low patient engagement is concerning, particularly in light of the fact that survey
respondents overwhelmingly (90%) consider the individual patient as one of the top stakeholders holding responsibility for addressing obesity. This near-universal response reflects the national shift toward encouraging personal responsibility in health care (as we have seen in Medicaid programs and high-deductible health plans) as well as the movement toward patient-involved shared decision-making.

And what of the primary care physician’s role in treating obesity? One might expect PCPs to be considered equally important as patients. Indeed, primary care is strongly represented in the survey, with 89% of respondents saying individual PCPs or PCP teams are among the top stakeholders for addressing obesity.

When it comes to effective strategies for improving patient engagement around weight loss, exercise, and healthy diet, Insights Council members cite provider support (such as motivational interviewing) and peer support (such as patient groups) in equal measure. But we must acknowledge that lack of success in combatting obesity reveals that such approaches are inadequate – either because adoption rates are too low, or because obesity is caused by a complex array of environmental, physiological, and decision-making factors that individual clinicians may recognize but have few tools to offset.

Survey respondents says the biggest barriers to engaging patients in treatment for obesity are the difficulty of sustained weight loss, along with lack of patient perception of obesity as a problem or health issue (both cited by 39%). Close behind is lack of patient adherence to treatments (31%). In these responses, health care providers and leaders seem to be pointing a finger at their patients. Is that fair? Medical treatments for obesity tend to be ineffective, other than bariatric surgery, which is a big step to take, carries risks, and is not appropriate for all patients.

A Collective Approach to a Big Challenge

How many health care providers do you know who have the time and the training to engage in meaningful motivational interviewing? If we expect clinicians to successfully treat obesity, they must have the right tools. Furthermore, we should recognize that the physician need not necessarily be the clinical team member to interact with the patient in all of these counseling and engagement strategies. While it may make sense to have these activities originate through the physician’s office, other team members are often better-suited for follow-up, such as nutritional counselors. We also should not overlook the potential of technology tools and apps to connect with patients.

Health care providers can play an important role in influencing local and national policy to put in place regulatory changes that support people living healthier lifestyles. This could involve ways to facilitate physical activity or more controversial approaches such as taxation or regulation of food that clearly is unhealthy and contributing to obesity. In written comments, survey respondents bemoan the lack of involvement of other stakeholders to address social determinants of health and a food industry that pushes inappropriate portions of unhealthy processed products.

Although weight loss can be exceedingly difficult, health care providers and patients working collectively and iteratively will have a better chance of reducing obesity in the future.
Charts and Commentary

We surveyed members of the NEJM Catalyst Insights Council – who comprise health care executives, clinical leaders, and clinicians – about engaging patients in stemming obesity. The survey explores the role of various stakeholders both inside and outside of the clinical setting, levels of patient engagement and organizational priorities, and approaches to treatment options and barriers to success. Completed surveys from 725 respondents are included in the analysis.

There is near-universal agreement that both the patient and some primary care representation must be among the top stakeholders with primary responsibility for addressing obesity. Though most respondents identify patients, they are divided on the primary care aspect. Many respondents also call for governmental action and greater involvement by community and business leaders. One physician at a large teaching hospital in the West says, “We need a multipronged approach at individual, family, primary care, and community levels with a few legislative measures.”

Patients and PCPs Hold Primary Responsibility for Addressing Obesity

Who are the top three stakeholders with the primary responsibility for addressing obesity?

- Individual patients: 90%
- Individual primary care physicians: 47%
- PCP teams: 42%
- Local, state, or federal government: 29%
- Payers: 26%
- Provider systems: 20%
- Community and nongovernmental organizations (e.g., nonprofits, foundations): 16%
- Individual specialists: 11%
- Private industry: 10%

A higher percentage of Clinicians 51% than Executives 44% and Clinical leaders 40% specify that the PCP has primary responsibility for addressing obesity.
While the largest share of respondents describe treatment of obesity as a high or extremely high priority, more than one-fifth (22%) say it is not much of a priority or not at all. The largest response (34%) is to consider obesity treatment as a moderate priority, except in the South, where a higher percentage of respondents say it is a low priority (29%). A physician at a large physician organization in the South comments that “Part of the problem with obesity is that it has been stigmatized somewhat similar to what we have done with mental illness.” The severity of the epidemic could be summed up by this physician executive from a large teaching hospital in the South: “The entire country needs to recognize this is a killing condition and promotion of keeping weight within normal range needs to be repeatedly emphasized, along with reduction of high-calorie food supplements.”

### Treating Obesity Is a Priority for Health Care Providers

**How big a priority is treating patient obesity at your organization?**

<table>
<thead>
<tr>
<th>Extremely high priority</th>
<th>High priority</th>
<th>Moderate priority</th>
<th>Not much of a priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>33%</td>
<td>34%</td>
<td>18% 4%</td>
</tr>
</tbody>
</table>

Not a priority at all

Base = 725

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“**The entire country needs to recognize this is a killing condition and promotion of keeping weight within normal range needs to be repeatedly emphasized, along with reduction of high-calorie food supplements.**
Obese patients are at an increased risk for developing numerous medical problems. Insights Council members say that treating illness and conditions resulting from obesity, such as type 2 diabetes and other comorbidities, is the biggest priority for their organizations. “This requires a remodeling of the hypothalamus changing the weight setpoint. This is a disorder of homeostasis; unless the homeostasis is directly addressed, behavioral drivers will be only modestly effective and only in the highly motivated,” says a physician at a large university hospital in the Midwest.

Type 2 Diabetes Is the Top Risk Factor for Treatment of Obesity

Which aspects or risk factors of obesity does your organization prioritize for treatment?

- Type 2 diabetes: 79%
- Other comorbidities (e.g., hypertension, respiratory disorders): 66%
- Adult obesity: 59%
- Childhood obesity: 37%

Base = 725 (multiple responses)
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"Insights Council members say that treating illness and conditions resulting from obesity, such as type 2 diabetes and other comorbidities, is the biggest priority for their organizations."
The survey responses indicate a high degree of obesity. A slight majority of respondents say a quarter to half of their organization’s patients are obese, while a third of respondents say over half of their patients are obese. The Centers for Disease Control and Prevention reports that 39.8% of American adults are obese, and that children also are in the double-digit range. A physician at a children’s hospital in the Northeast calls attention to the BMI metric and offers a call to action: “You cannot use 30 as the mark of obesity when you are dealing with children. A BMI of 24 can be grossly overweight in a small child. We need to attack this problem in childhood; it is much tougher in adults. We need more exercise in K-12, better food counseling/choices, and peer groups to help those overweight lose it.”

Many Health Care Providers Treat High Percentages of Obese Patients

![Bar chart showing the percentage of patients estimated to be obese by BMI categories.](#)

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Estimated Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-24%</td>
<td>12%</td>
</tr>
<tr>
<td>25-49%</td>
<td>53%</td>
</tr>
<tr>
<td>50-74%</td>
<td>31%</td>
</tr>
<tr>
<td>75-99%</td>
<td>3%</td>
</tr>
<tr>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Regionally, organizations in the South 41% have the highest percentage of patients in the 50-74% range, followed by the Midwest 34%.

Base = 725

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“We need to attack this problem in childhood; it is much tougher in adults. We need more exercise in K-12, better food counseling/choices, and peer groups to help those overweight lose it.”
Counseling approaches are the top approach used to treat obese patients, followed by bariatric surgery. “We need to give providers more time for counseling and follow-up,” says a physician at a large teaching hospital in the Northeast. Expanding on this approach is a physician executive at a small health system in the West: “The number one priority has to be coverage for preventive services such as health coaching, dietitians, exercise support, sleep counseling. This cannot be done in a 10-minute office visit by untrained physicians practicing in isolation from a team that could better assist patients.”

### Health Care Providers Use Many Approaches to Treat Patients with Obesity

Which approaches are used to treat patients with obesity at your organization?

- Referrals to nutritional counselors: 78%
- Individual counseling with PCP or PCP team: 76%
- Bariatric surgery: 61%
- Referrals to medically supervised multidisciplinary weight loss programs: 43%
- Referrals to specialists: 42%
- Weight loss medications: 29%
- Referrals to local community initiatives: 25%
- Referrals to commercial weight loss programs: 22%

Base = 725 (multiple responses)

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Providers report that fully 44% of their obese patients are not very engaged or not at all engaged in addressing their weight. Only 10% are extremely or very engaged. “We need to have daily one-to-one patient support with financial incentives for continued patient engagement,” says a physician owner at a small clinic in the South. A nurse practitioner at a large medical clinic in the West observes, “For patient engagement we must first understand where the person is at financially. Obesity is not a priority if you are running around to meet your basic demands.”

**Patients Are Moderately Engaged or Unengaged in Addressing Obesity**

How engaged are your organization’s obese patients overall in addressing their weight?

<table>
<thead>
<tr>
<th>Very engaged</th>
<th>Moderately engaged</th>
<th>Not very engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>2%</td>
<td>46%</td>
<td>39%</td>
</tr>
<tr>
<td>Extremely engaged</td>
<td></td>
<td>Not at all engaged</td>
</tr>
<tr>
<td>8%</td>
<td></td>
<td>5%</td>
</tr>
</tbody>
</table>

Base = 725

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“For patient engagement we must first understand where the person is at financially. Obesity is not a priority if you are running around to meet your basic demands.”
Provider support and peer support share top billing as the most effective means to improve patient engagement. No other choice garners support from even one-quarter of the respondents. Despite the confidence in these methods, broadly effective patient engagement in treating obesity remains an unfulfilled goal, as seen in the previous survey question. In written comments on the best way to reverse the obesity epidemic in the United States, respondents offer a range of opinions. “We need to train health care providers in motivational interviewing and facilitation skills. We need to embed behavioral health personnel in primary care. We need to use mass media to portray stories of people finding and using evidence-based ways to adopt healthy lifestyles,” says a physician at a large teaching hospital in the Midwest. An executive at a for-profit physician organization in the South says, “The BEST way to address obesity in this country is to get the government OUT of agriculture. The current subsidized farming practices have led to a glut of unhealthy, processed foods.”

Provider and Peer Support Are Most Effective in Improving Patient Engagement around Weight Management, Exercise, and Healthy Diet

What are the top two strategies you consider to be most effective for improving patient engagement around weight management, exercise, and healthy diet?

- Provider support (e.g., motivational interviewing): 57%
- Peer support (e.g., patient support groups): 57%
- Community support: 24%
- Financial incentives: 21%
- Technology tools/apps: 18%
- Group visits: 6%

Base = 725 (multiple responses)

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Although Insights Council members say patients are the top stakeholders in addressing obesity (see question 1), a lack of patient perception of obesity as a health issue is cited as the top barrier to engaging patients in treatment. Respondents also acknowledge the inherent difficulty of sustained weight loss. “Weight loss/maintenance coaching needs to be continuous,” says a physician at a children’s hospital in the South. A physician director of an obesity prevention organization in the Northeast advises, “Physical activity needs to be seen as a treatment for many medical conditions, not just a good idea. Food should also be seen as medicine.”

Many Barriers to Engaging Patients in Treatment for Obesity

What are the top two biggest barriers in engaging patients in treatment for obesity?

- Lack of patient perception of obesity as a problem/health issue: 39%
- Difficulty of sustaining weight loss: 39%
- Lack of patient adherence to treatments: 31%
- Lack of time to devote to adopting healthier lifestyle: 20%
- Environmental challenges (e.g., “food deserts,” lack of safe places to walk): 19%
- Financial barriers: 16%
- Lack of effective clinical interventions to prescribe: 9%
- Lack of effective treatments: 8%
- Lack of reimbursement: 6%
- Insufficient training: 3%

Base = 725 (multiple responses)
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Verbatim Comments from Survey Respondents

**What is the best way to reverse the obesity epidemic in the United States (e.g., clinical, social, legislative, etc.)?**

“I think the education needs to start at a young age to begin teaching healthy eating habits, exercise and stress reduction to AVOID adult obesity. I think insurance companies could offer more financial incentives for those participating in healthy lifestyle activities, such as reduction in co-pays or reduced monthly premiums.”

— Clinician at a large nonprofit community hospital in the Midwest

“To me it’s social. We don’t value health, fitness and personal time here nearly as much as in other places. The cascade is poor food choices and it spirals away from there.”

— Service line chief at a large nonprofit hospital in the South

“Education of young.”

— VP of a midsize nonprofit hospital in the South

“I think it has to be recognized as a societal health problem. You could almost liken the epidemic to something like polio. You must require government intervention, community service intervention, public awareness, positive incentives for addressing prevention as early as in the school systems, etc. If it is not addressed at all levels, then reversal and prevention will fail. I think unfortunately it will require a large investment in government resources and industry resources to reverse the trend.”

— Clinician at a midsize for-profit physician organization in the Northeast

“As long as there is profit from restaurants, fast food, and prepared food — and as long as manual labor is not required in a job — there is no hope for reversal. Stabilizing the increase in BMI would be a huge win.”

— Chief Medical Officer at a large for-profit organization in the South

“Affordable healthy foods; not cheap fast food. Change the perception of obesity; getting to normal BMI.”

— Director of a nonprofit payer in the Midwest

“Reverse income equality — people have to have the time (viz., not holding down two jobs) and the income tackle obesity. The #1 health problem is income inequality.”

— Director of a nonprofit payer in the South
“I think obesity is the #1 cause of out of control health care expenses as well as death and chronic illness in the country. I don’t think the actual financial and human impact is fully realized. Having worked in hospitals for 30 years, I have really noticed how much of acute hospital care is due to self-inflicted illness from poor lifestyle and diet, compared to decades ago.”

— Clinician at a large for-profit community hospital in the West

“I incentivize healthier lifestyles. Possibly through employer engagement. My patients have sedentary jobs, and are struggling to make ends meet. They are very wary of taking time from work to make themselves healthier.”

— Department chair at a midsized nonprofit hospital in the Northeast

“We are fed by the food industry which pays no attention to our health and treated by the healthcare industry which doesn’t care about our food. The best way to resolve the obesity epidemic is to reduce the amount of processed foods that are available to eat (think of school food, and fast food) and increase local fresh whole food. This can occur through policy changes and subsidy changes. Clinically we need to educate physicians that medicines are not the answer but dietary changes are.”

— Executive at a large nonprofit physician organization in the South

“Spread the message that patients are expected to solve their own health problems. Stop holding physicians responsible for the choices made by their patients. The patient should not ask what the physician is going to do about the patient’s obesity. The motivated patient must set and accomplish a personal goal — a specific plan with a timetable — and the physician’s role is to educate the patient about options. The administrative idiocracy that rules over doctors is prone to holding doctors accountable.”

— Clinician at a large medical school in the South

“DELIVERY (from Birth) to DEATH (normal/end-of-life): wellness care with good nutrition, fine health education, daily fitness, preventive care, and avoidance of risky behaviors that might cause premature deaths. Of course, legislative review of food laws to remove mandates for excess sugars and salts from packaged foods.”

— Service line director for a for-profit health system in the South
Methodology

• The Engaging Patients in Stemming Obesity survey was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.

• The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.

• In May 2018, an online survey was sent to the NEJM Catalyst Insights Council.

• A total of 725 completed surveys are included in the analysis. The margin of error for a base of 725 is +/- 3.6% at the 95% confidence level.

NEJM Catalyst Insights Council

We’d like to acknowledge the NEJM Catalyst Insights Council. Insights Council members participate in monthly surveys with specific topics on health care delivery. These results are published as NEJM Catalyst Insights Reports, such as this one, including summary findings, key takeaways from NEJM Catalyst leaders, expert analysis, and commentary.

It is through the Insights Council’s participation and commitment to the transformation of health care delivery that we are able to provide actionable data that can help move the industry forward. To join your peers in the conversation, visit join.catalyst.nejm.org/insightscouncil.
Respondent Profile

### Audience Segment
- Executive: 24%
- Clinician: 52%
- Clinical Leader: 24%

### Organization Setting
- Other: 37%
- Hospital: 40%
- Physician organization: 8%
- Health system: 15%

### Type of Organization
- For profit: 28%
- Nonprofit: 72%

### Number of Beds
(Among hospitals)
- 1 - 50: 8%
- 51 - 199: 10%
- 200 - 499: 35%
- 500 - 999: 29%
- 1000+: 17%

### Number of Sites
(Among health systems)
- 1 - 5: 14%
- 6 - 20: 25%
- 21 - 49: 17%
- 50+: 44%

### Number of Physicians
(Among physician organizations)
- 1 - 9: 24%
- 10 - 49: 20%
- 50 - 99: 4%
- 100+: 53%

### Net Patient Revenue
- > $5 billion: 13%
- $1 - $4.9 billion: 22%
- $500 - $999.9 million: 12%
- $100 - $499.9 million: 13%
- $10 - $99.9 million: 21%
- < $9.9 million: 18%

### Region
- 22%
- 25%
- 24%
- 30%

Base = 725
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About Us

NEJM Catalyst brings health care executives, clinical leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery. From a network of top thought leaders, experts, and advisors, our digital publication, quarterly events, and qualified Insights Council provide real-life examples and actionable solutions to help organizations address urgent challenges affecting health care.