Interdisciplinary Education: 5 A’s Model for Effective Weight Management Counseling

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PURPOSE: To increase provider use of weight loss action plans, dietitian referrals, and follow-up appointments in weight management counseling

BACKGROUND & SIGNIFICANCE

Obesity statistics:
- U.S. Adults – 34.9%
- Active duty military – 13%
- Veterans – 32.8%

Economic burden:
- $147 billion spent for obesity related health care
- Military spends > $1.1 billion dollars annually
- $183 million annually for recruitment and training expenses ($75,000 per service member)

United States Preventive Services Task Force (USPSTF) recommendations:
- Obesity screening
- Counseling for patients with BMI ≥ 30 including:
  - Diet & exercise
  - Goal setting
  - Addressing barriers
  - Self- monitoring
  - Lifestyle changes
  - Maintenance strategies

Barriers to weight counseling:
- Offending patients
- Negative attitudes towards patients
- Lack of confidence in ability/tools
- Lack of reimbursement
- Lack of time

INTERNAL EVIDENCE

- Obesity rates at a military treatment facility (MTF) mirrored national averages
- BMI screening was utilized
- Weight loss counseling consisted of diet and exercise recommendations
- Limited dietitian referrals
- No weight management action plans

Growing obesity rates in military

EVIDENCE SYNTHESIS

5A’s model - counseling technique grounded in behavioral modification theory; originally developed for smoking cessation:

- Increased motivation to lose weight, eat healthier, and increase physical activity
- Potential to enhance weight loss counseling in primary care
- Knowledge of the 5 A’s model may improve providers’ counseling skills
- Majority of patients desire providers to ‘Assist’ and ‘Arrange’
- Evidence supports that intensive, multicomponent behavioral interventions leads to weight loss, improved glucose tolerance, and reduced risk factors for CVD

INTERVENTION

One hour training session for participants:
- 5 A’s Model overview
- Obesity risk specific to military
- Weight management counseling guidelines
- Weight management resources (dietitian)
- Two role play scenarios

Goal: Increase ‘Assist’ and ‘Arrange’ steps of the 5 A’s model for weight management counseling

DATA COLLECTION

10 wk pre- & post-intervention record review inclusion criterion:
- Adults with BMI ≥ 30 kg/m²
- Comparison of records pre/post intervention for evidence of counseling comparable to USPSTF recommendations and 5A’s model
- Participant Feedback

CONCLUSIONS

PARTICIPANTS: Women’s Health Nurse Practitioner (1) and Pharmacist (1) providing care at a Military Treatment Facility in the southwest U.S.

IMPACT:
- Patient – Increased weight management discussions and increased dietitian referrals
- Provider – Transformed practice: Utilize BMI; Screen for obesity; engage in weight management discussions; Coding: quality indicators
- System – Increased appointments; reimbursement
- Policy – Aligns with USPSTF & ACOG recommendations & Healthy People 2020 goal to reduce obesity by 10%

Implications & Future Practice:
- More research is needed on the effectiveness of the 5 A’s model for weight management counseling
- The 5 A’s model increases weight management counseling, dietitian referrals, & obesity screening
- Time is a common barrier preventing WM counseling

Participant Feedback

“...the training was very good. Real life cases or providers bringing a case may make it a little more applicable and make it easier to transfer and use in my practice immediately.”

“I am utilizing the BMI more in my notes since the training and focusing on BMI as a vital sign to discuss if it’s out of range with every patient.”

Questions:
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