

# A Gap Analysis of Obesity Management in the Primary Care Setting

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## Introduction

Quality improvement project assessing current practices in the management of overweight and obesity compared to evidence-based recommendations.

## Background & Significance

Classification	Overweight	Obesity
BMI	25 kg/m <sup>2</sup> and 29.9 kg/m <sup>2</sup>	30 kg/m <sup>2</sup> or greater

### Prevalence

Between 2000-2018 obesity prevalence increased by 11.5%

From 2017-2018 obesity prevalence 42.4% in the US

### Mortality

Obesity is correlated with 5–10-year life expectancy decrease compared to those with normal weight  
~ 2.8 million people die from obesity annually

### Comorbidities

Cardiovascular	Endocrine	Respiratory	Cancer
Hypertension	Type 2 diabetes	Obstructive sleep apnea	Many types
Hyperlipidemia			

### Cost

In 2008, ~ \$147 billion was spent on the medical cost related to obesity. Patients with obesity incur \$1,429 higher costs annually than individuals of normal weight

### Recommendations

American Association of Endocrinologists and American College of Endocrinology

## Methods

**Design:** Quality improvement project using a survey with gap analysis

**Setting:** 4 associated primary care offices in Monmouth County, NJ

**Sample:** Convenience sample of 15 primary care providers (MD, DO, NP, PA) who managed the care of patients with overweight and obesity

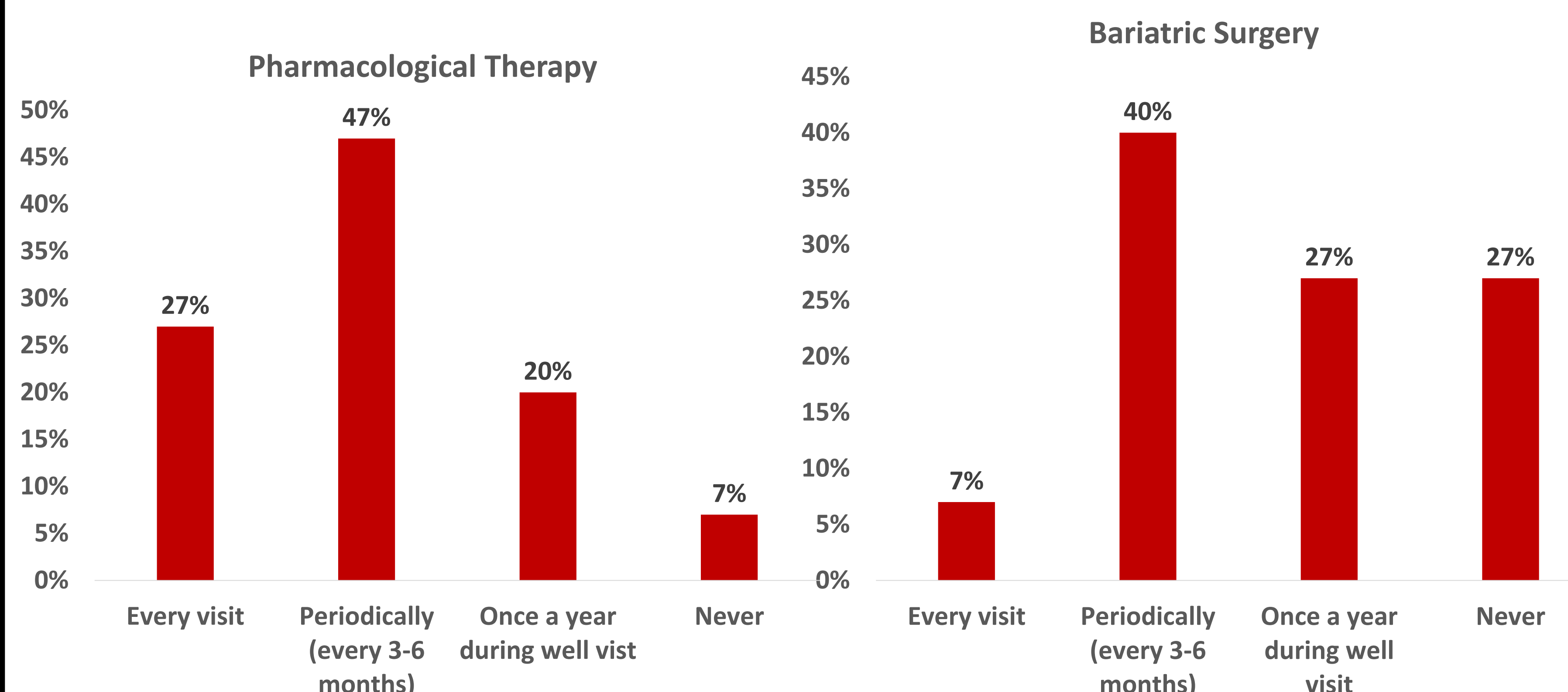
### Measures:

- 9 point de novo survey administered over a 2-week period with gap analysis comparing current practices with evidence-based recommendations.
- Questions with >25% *Once a year or Never* were considered gaps in practice

**Analysis:** Descriptive statistics (percentages and frequencies of answers)

**Intervention:** *Toolkit:* evidence-based toolkit created and distributed addressing gaps in practice

## Results



**27%** of providers engage eligible patients with overweight/obesity in decision-making regarding pharmacological therapy once a year or less

**53%** of providers engage eligible patients with overweight/obesity in decision-making regarding metabolic/bariatric surgery once a year or less

No gaps were identified in the remaining survey questions regarding screening, lifestyle modifications, and counseling patients

## Implications

- The gap exists in pharmacological management of overweight/obesity and referrals to bariatric surgery
- Use of the evidence-based toolkit will aide in increasing the uptake of evidence-based recommendations (specifically for pharmacological and surgical managements)
- Further projects need to determine the impact of this toolkit on clinically significant patients' outcomes (weight loss, control of blood pressure, lipids, cardiovascular outcomes)

## Discussion

- Treatment with medications and referring to bariatric surgery seemed to be lacking
- Primary care providers are well positioned to use evidence-based guidelines in practice to properly manage the care of patients with overweight and obesity
- Evidence-based toolkit may help to increase uptake of guidelines, and to improve care in patients with obesity

Scan for complete results and references

