

Maine Medical Association:
Obesity/Overweight Provider
Practices Survey

In conjunction with The New England
Coalition for Health Promotion and
Disease Prevention

Survey Administration

- Online survey 6/3/08 – 8/10/08
- Invited 1,253 physicians:
 - Maine Medical SMMA Members
 - MMA Public Health Committee Members
 - MaineHealth PHO Physicians
 - DownEast Association of PA's
 - Maine Medical Center Physicians
 - Maine Association of Psychiatric Physicians
 - Maine Chapter of Academy of Pediatric Physicians
 - Maine Osteopathic Association Members
 - Maine Academy of Family Physicians
 - Central Maine Medical Center PHO Physicians
 - Eastern Maine HealthCare PHO physicians
 - Maine Chapter of the American Academy of Physicians
- 116 Responses, 9.3% Response Rate

Characteristics of Respondents

- 48% Female
- Age Distribution:
 - Under 35: 9.9%
 - 35 – 44: 25%
 - 45-54: 35/6%
 - 55 – 64: 24.8%
 - 65 and above: 5%

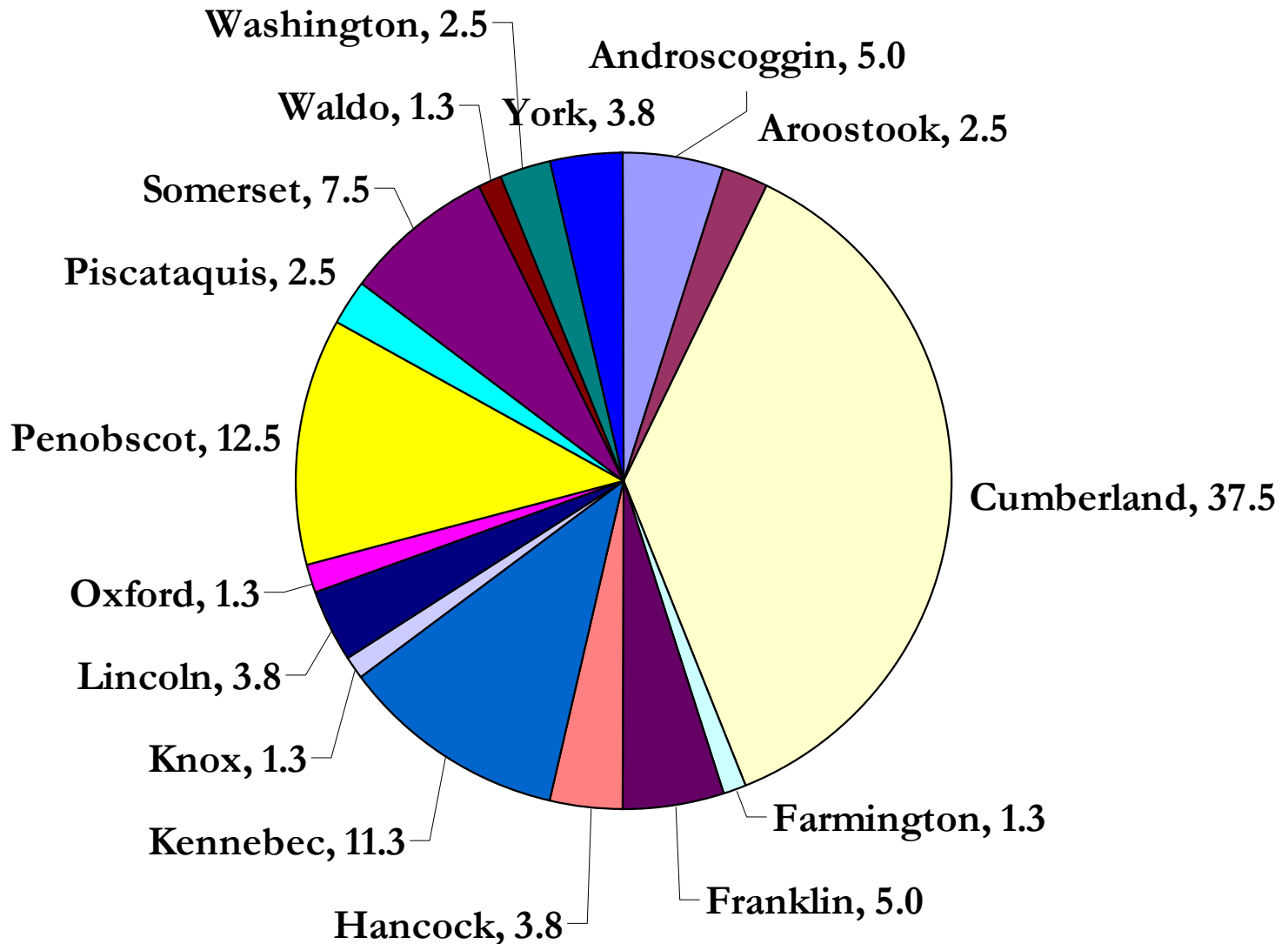
Characteristics of Respondents

- Specialty:
 - Adult primary care: 40.4%
 - Pediatric primary care: 22.2%
 - Specialty care: 37.4%
- 78.2% employed (62% hospital, 29% medical group, 8.9% other)
- 19.8% self-employed

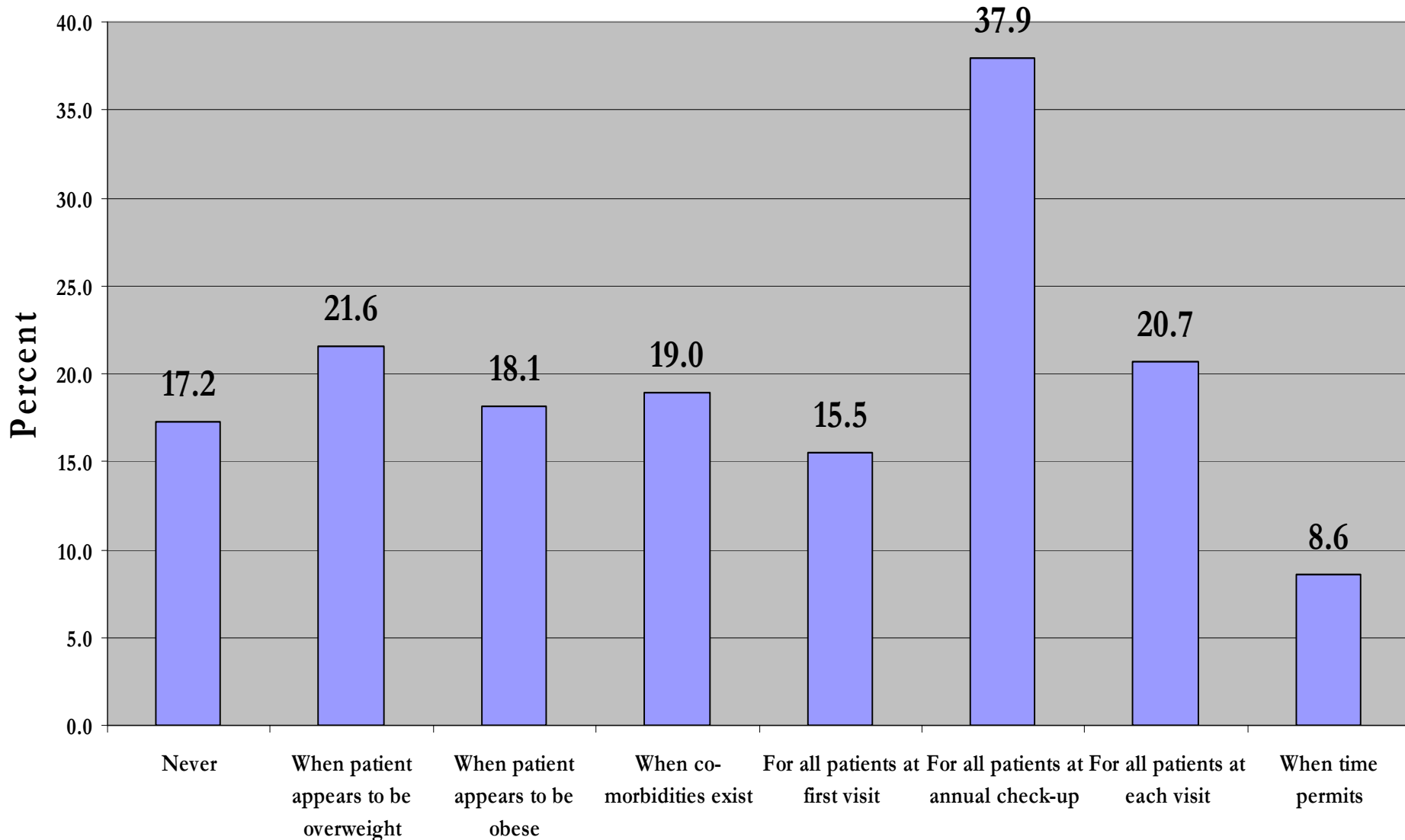
Characteristics of Respondents

- Practice size:
 - Solo: 11.5%
 - Small: 35.4%
 - Medium: 39.6%
 - Large: 13.5%
- Weight category (BMI)
 - Underweight 2.1%
 - Normal 56.7%
 - Overweight 34.0%
 - Obese 7.2%

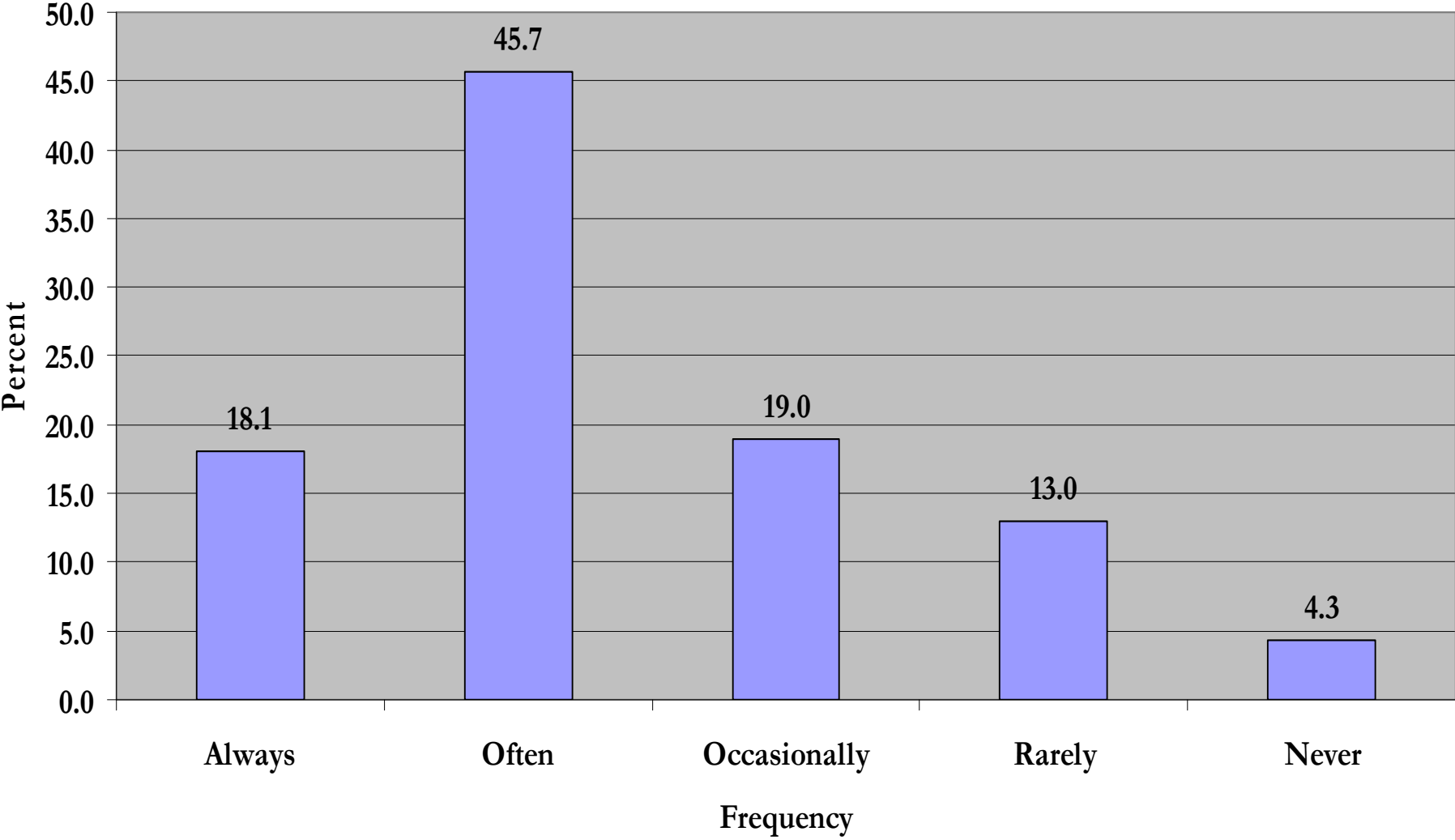
County Representation



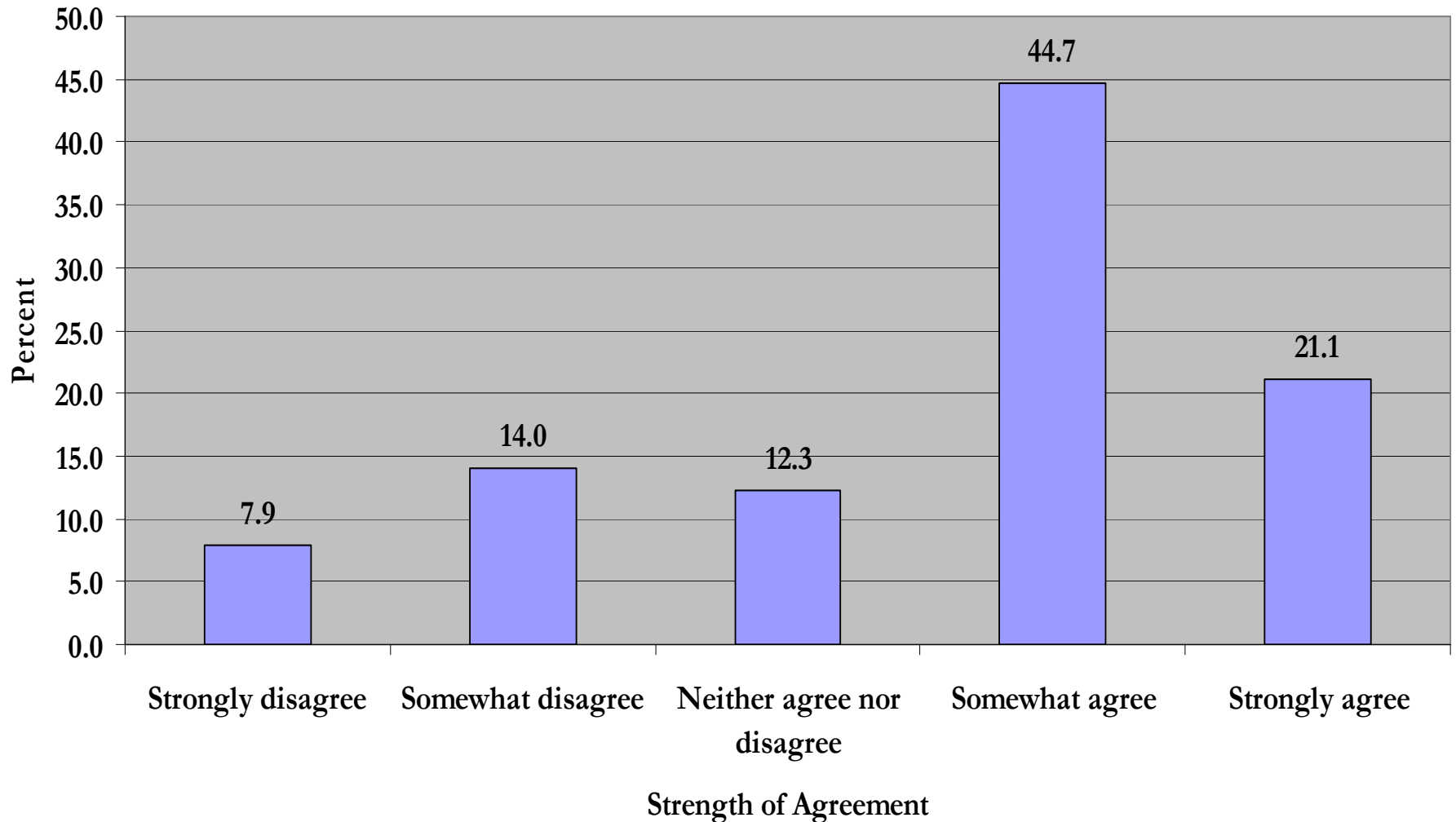
Frequency of BMI Calculation



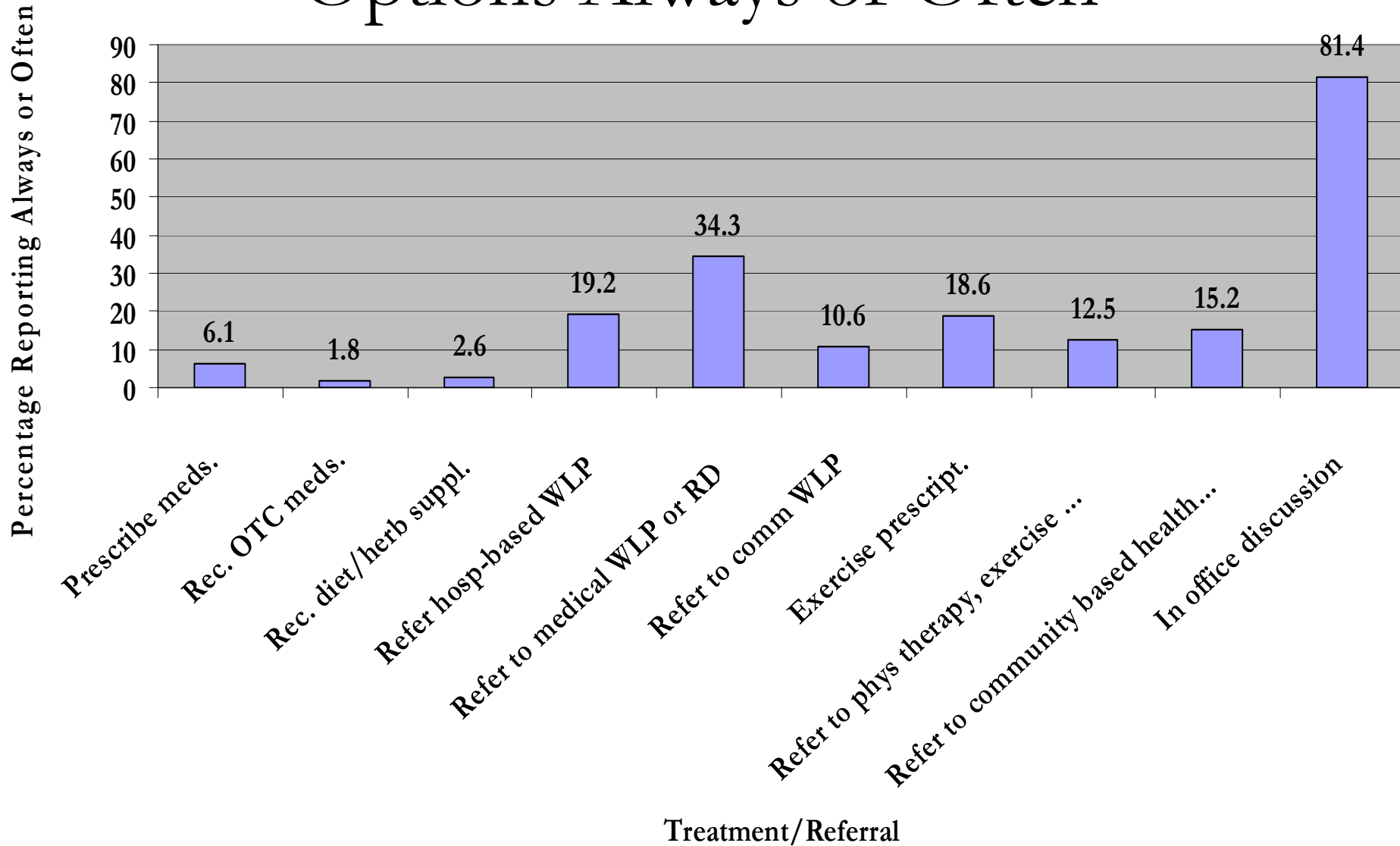
Frequency of Listing Obesity as Diagnosis



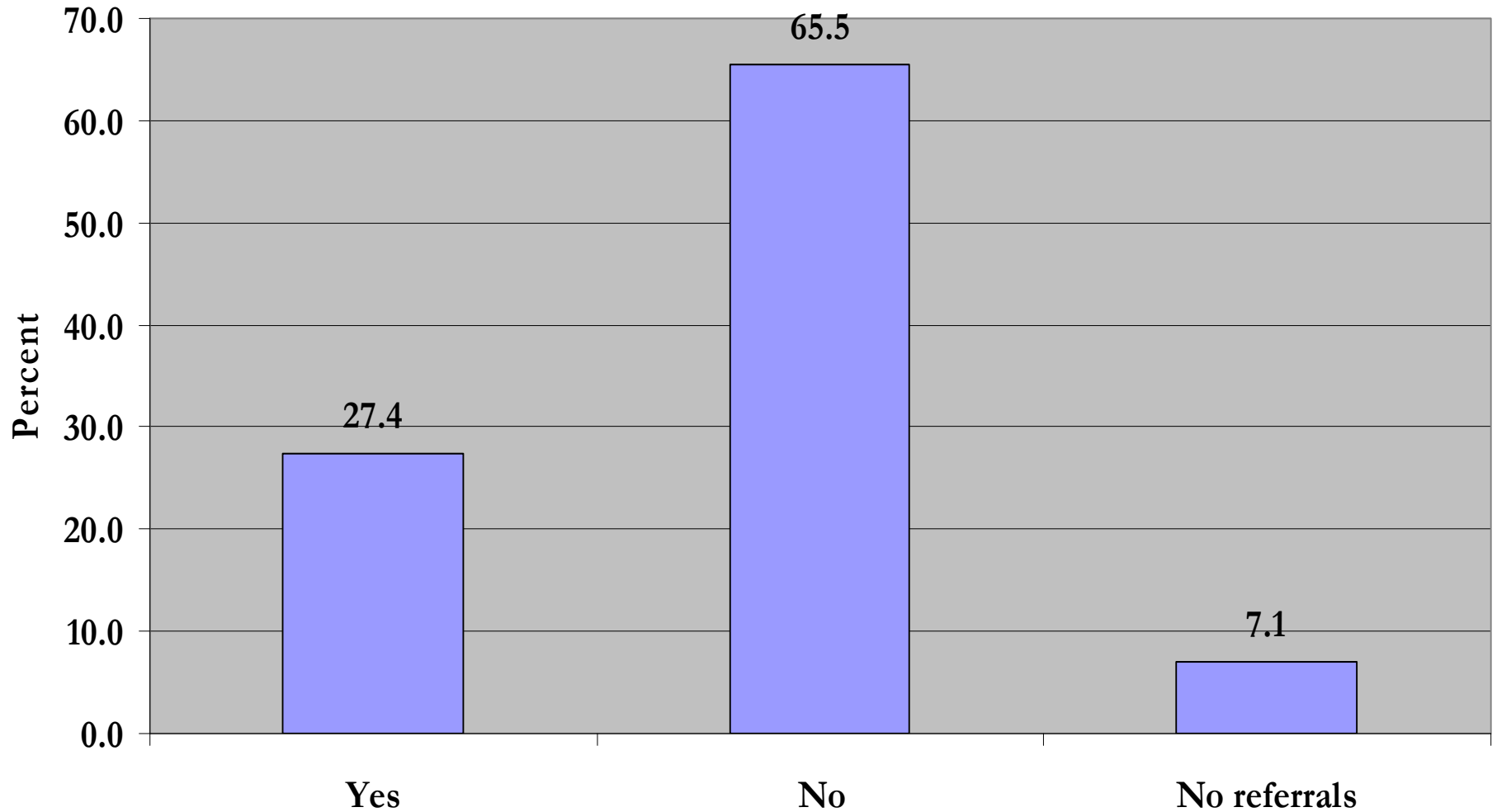
Agreement with: I have a good understanding of medical evaluation for obese patients



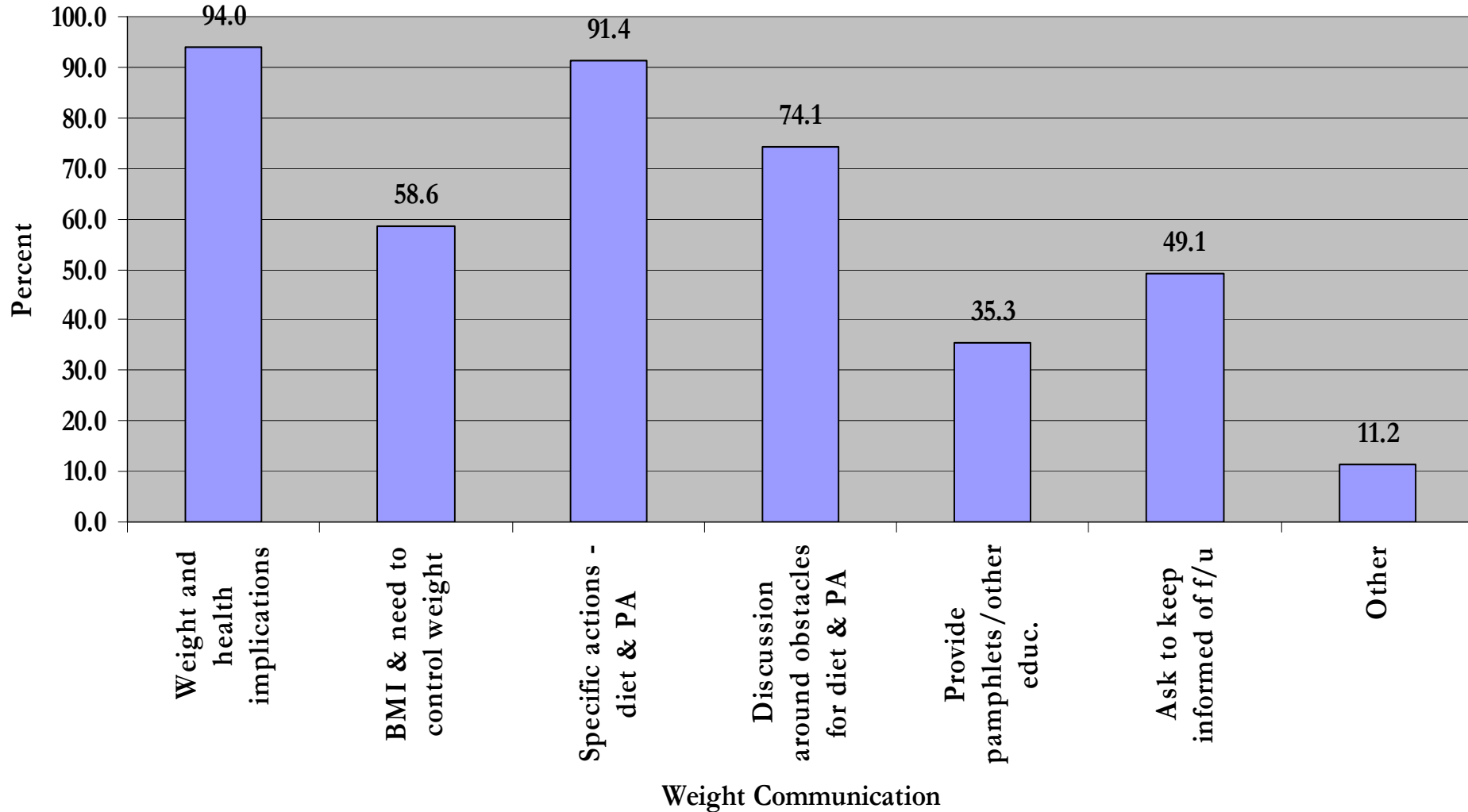
Proportion Reporting Treatment/Referral Options Always or Often



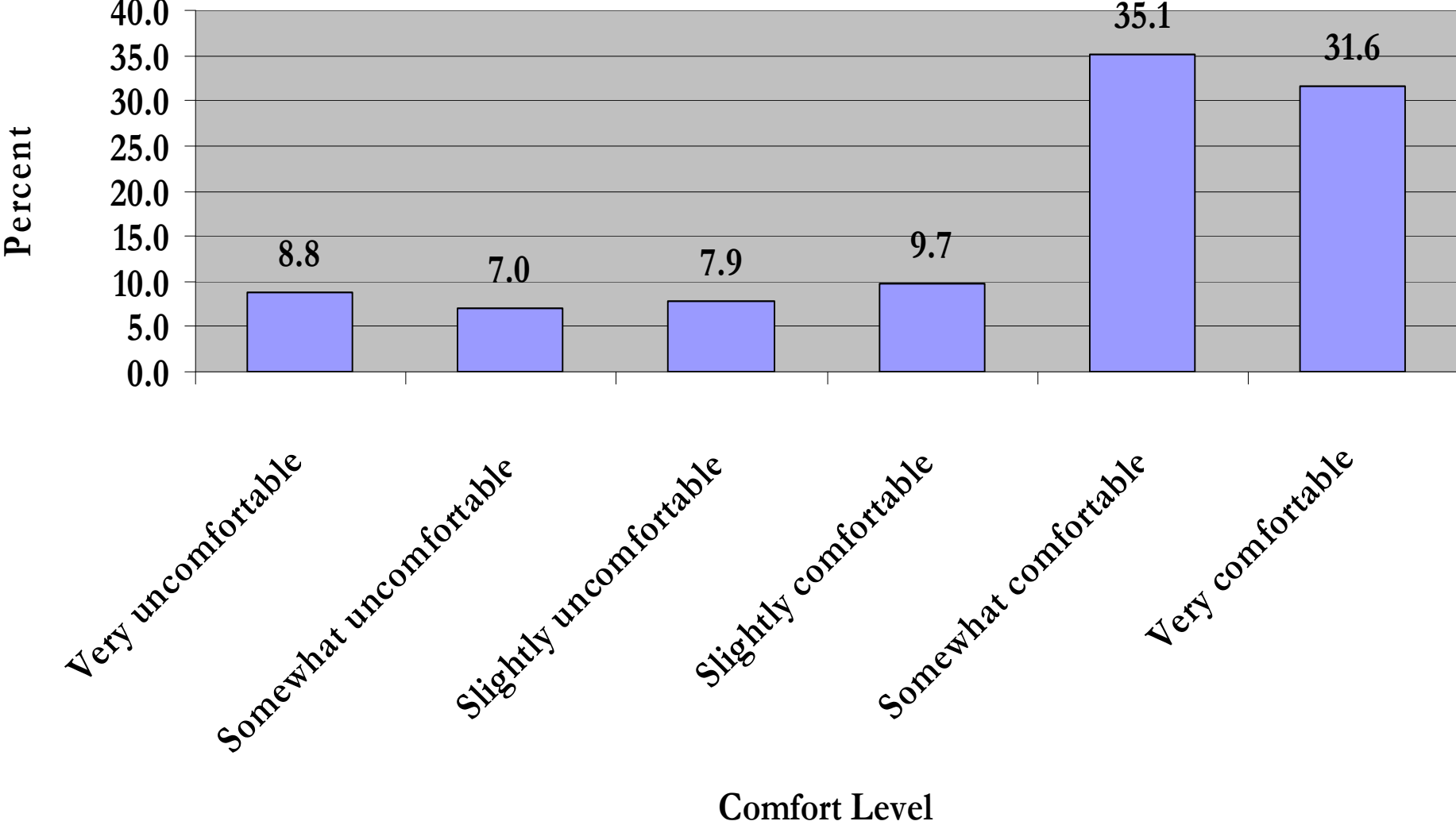
If you make referrals, do you track what has been successful?



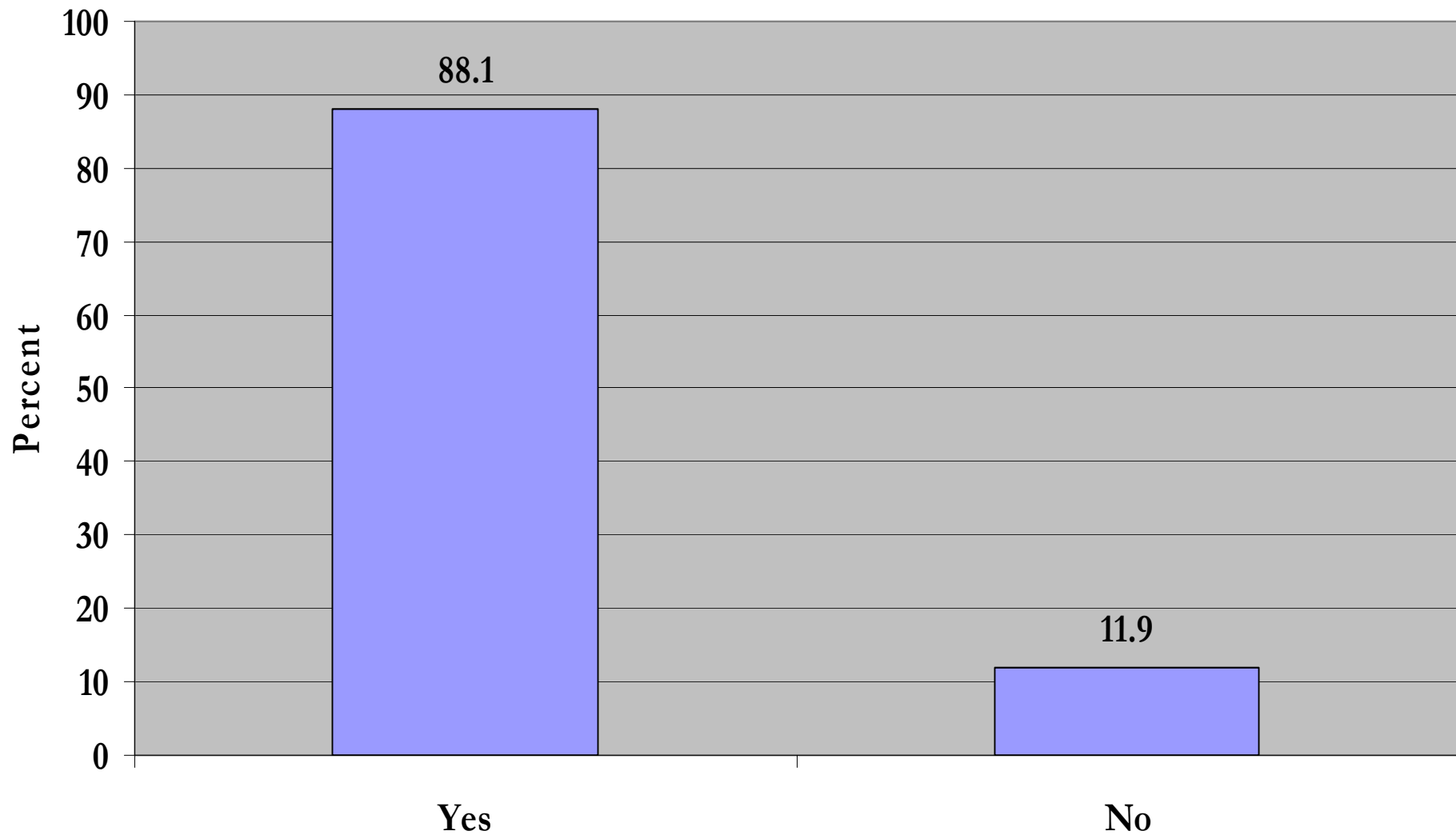
What is included during patient communication on weight issues



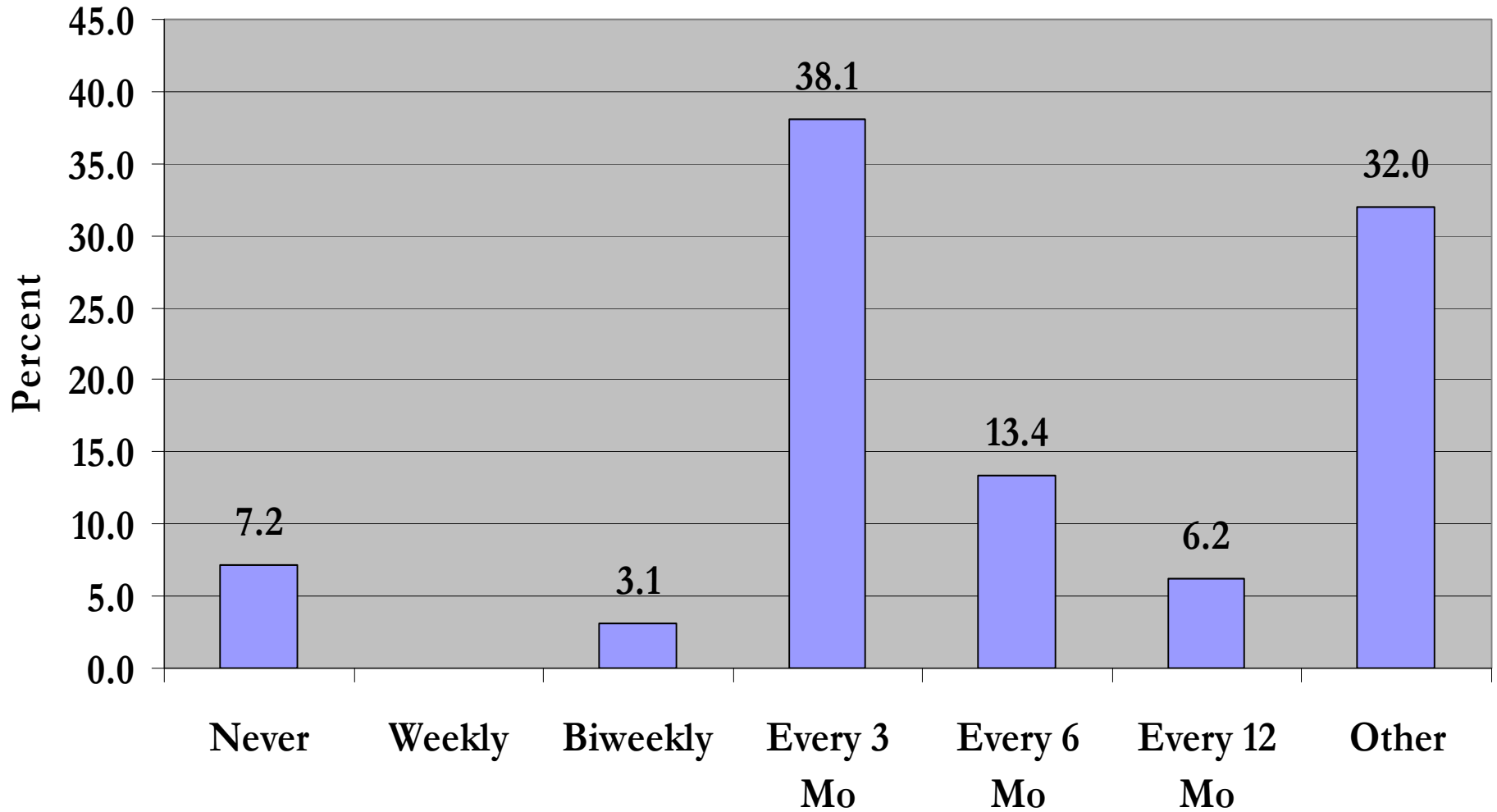
Comfort Level Counseling Healthy Weight



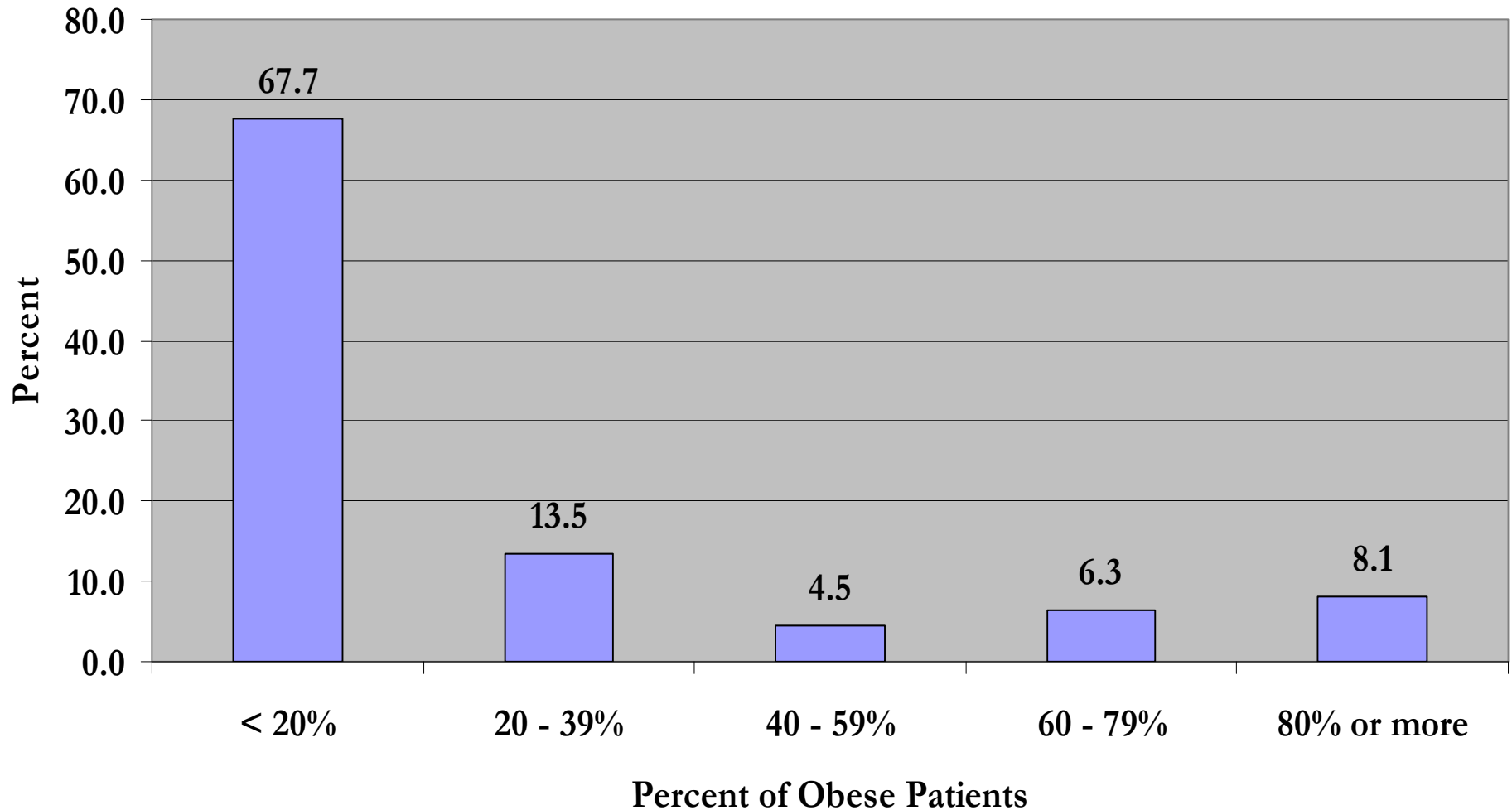
Would consider writing exercise prescriptions (if haven't yet)



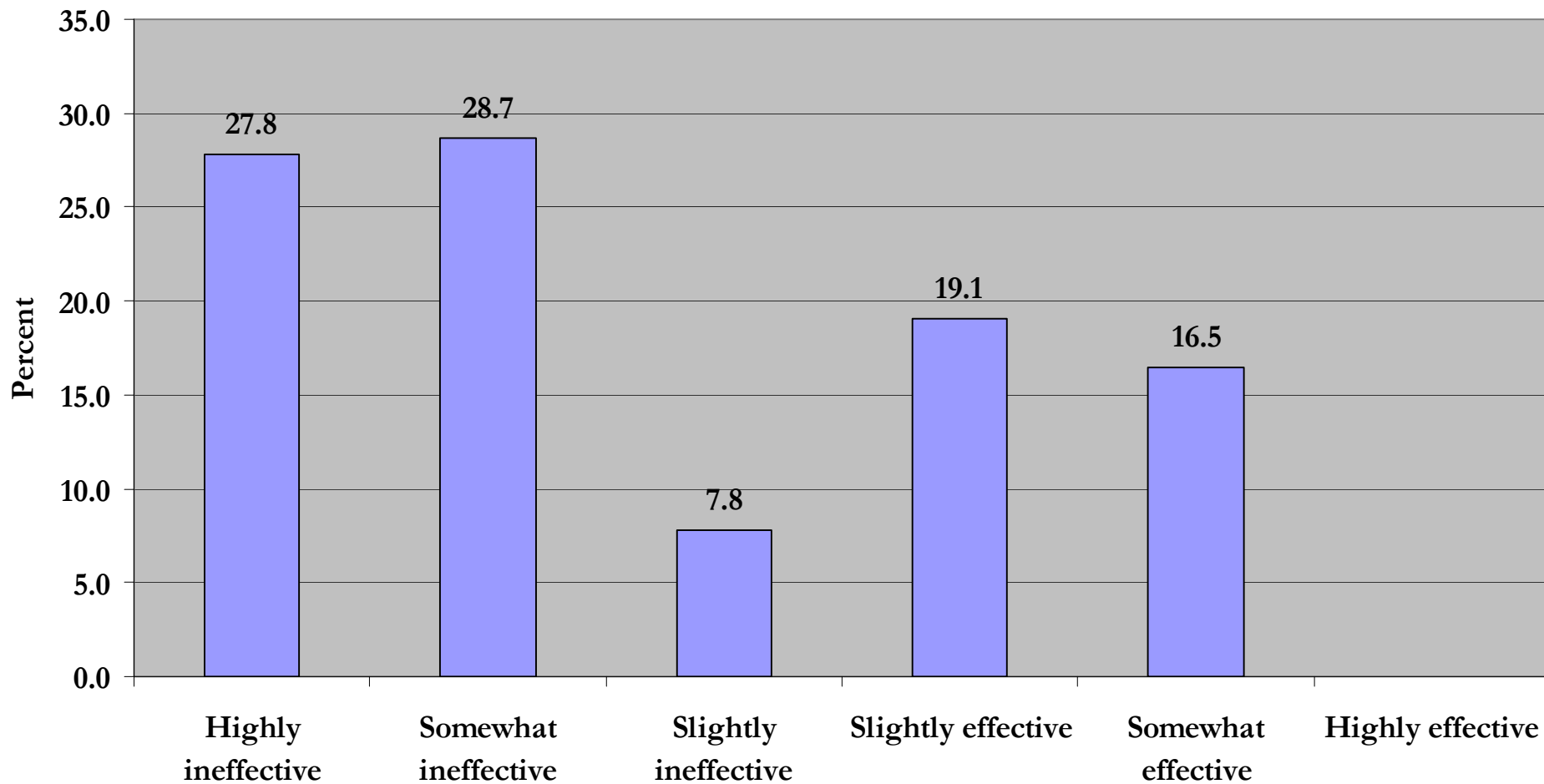
Follow-Up Frequency for Obese/OW Patients



Percent of obese patients followed-up specifically for weight



General feeling around effectiveness at treating obesity



Suggestions for what might help them be more effective at treating obesity

- High quality integrated community based pgms
- High quality CBPs for children
- Community resources
 - Affordable
 - Accessible (transportation & good schedules)
- Education – physiology of obesity, nutrition/dietary guidance, exercise phys and guidance

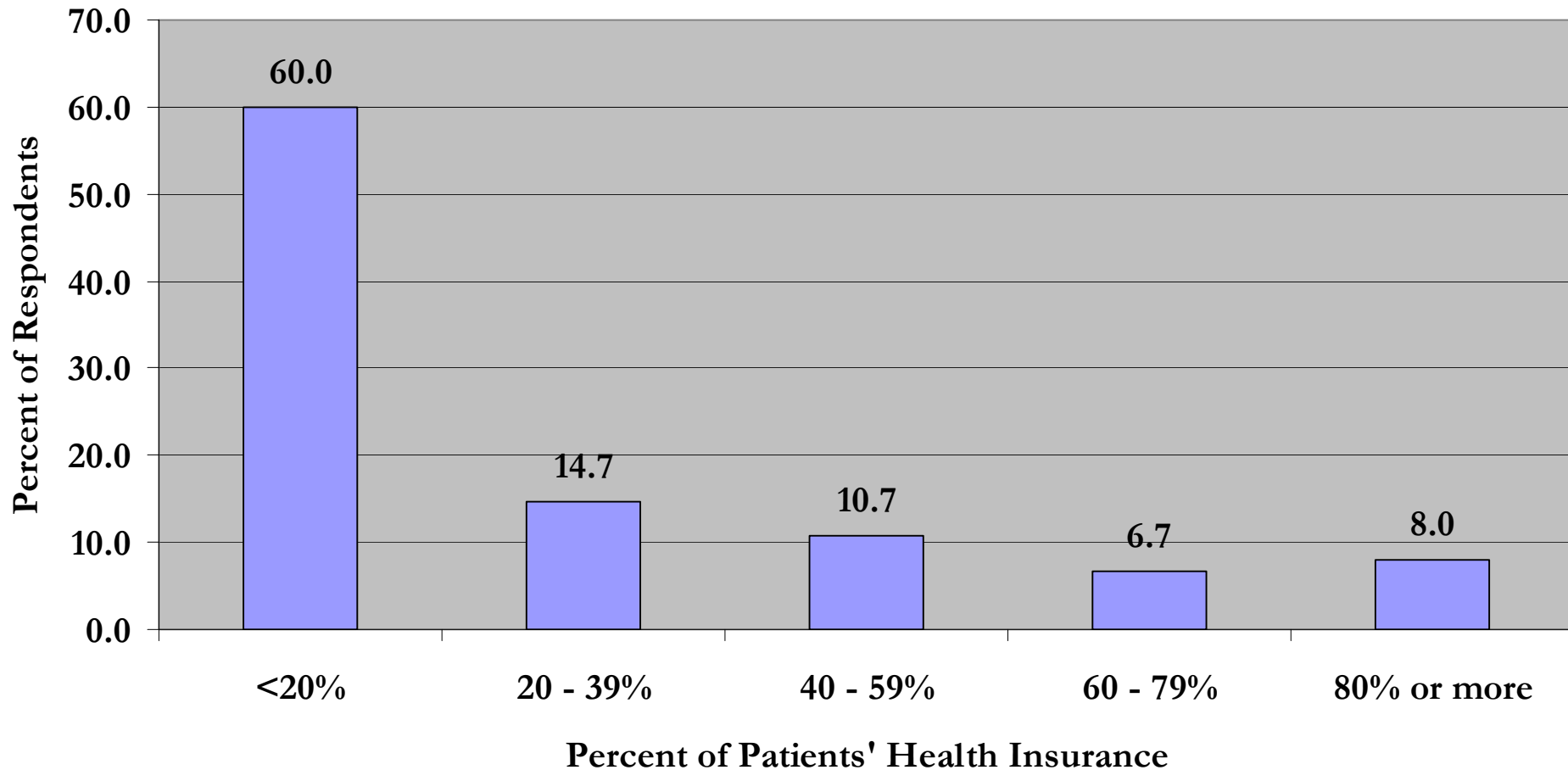
Suggestions for what might help them be more effective at treating obesity (2)

- Better availability of weight loss tools
- Better availability of counseling programs
- Insurance coverage of counseling programs and dietician services
- Community hospital based programs
- Training on motivational interviewing
- Ability for more follow-up
- More motivated patients

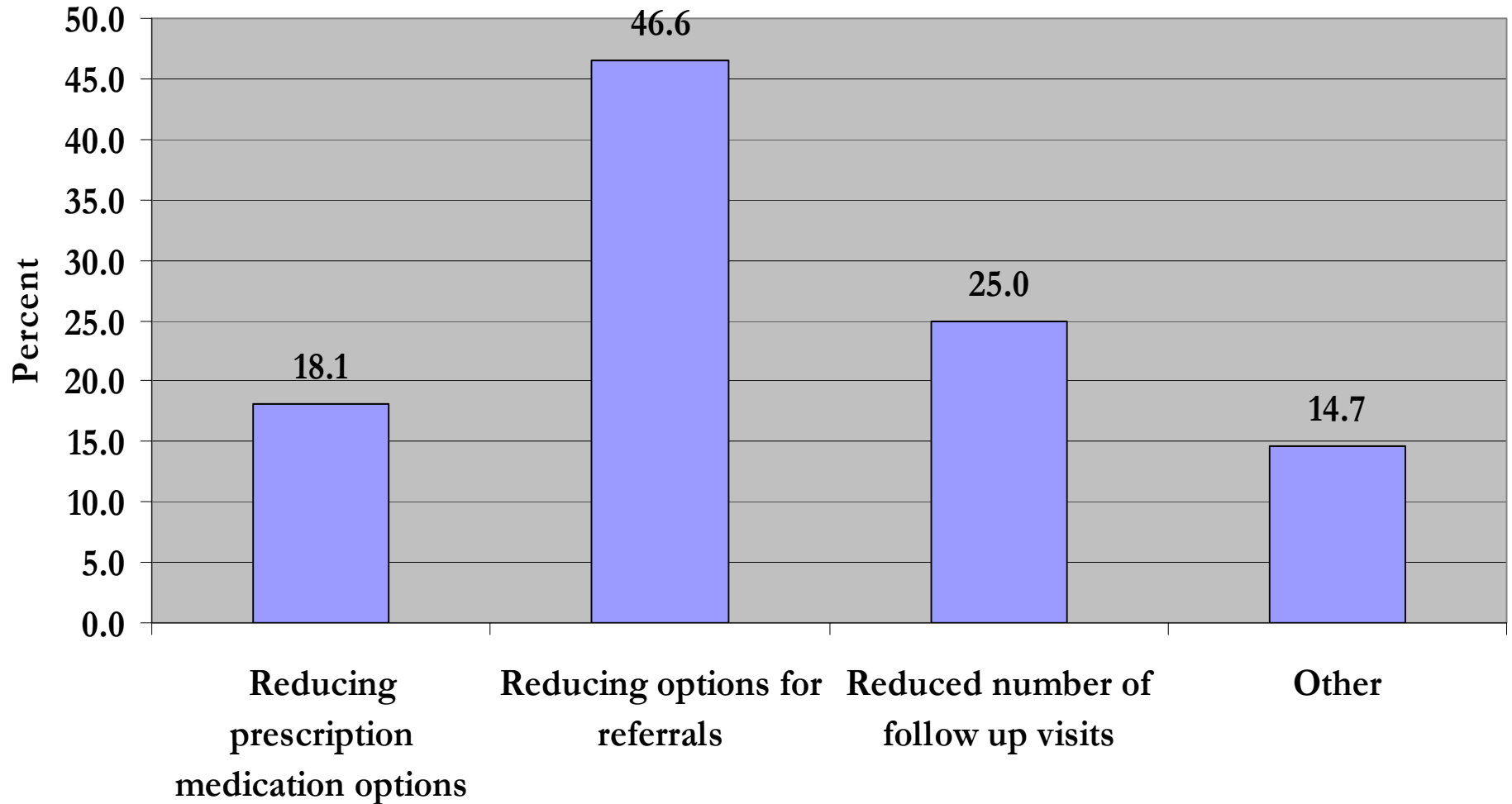
Suggestions for what might help them be more effective at treating obesity (3)

- Improved built environment:
 - Safe roads/sidewalks
- Taxes on junk foods
- Reducing cost of healthy foods
- Community support
- Improved quality of school foods
- Reducing poverty

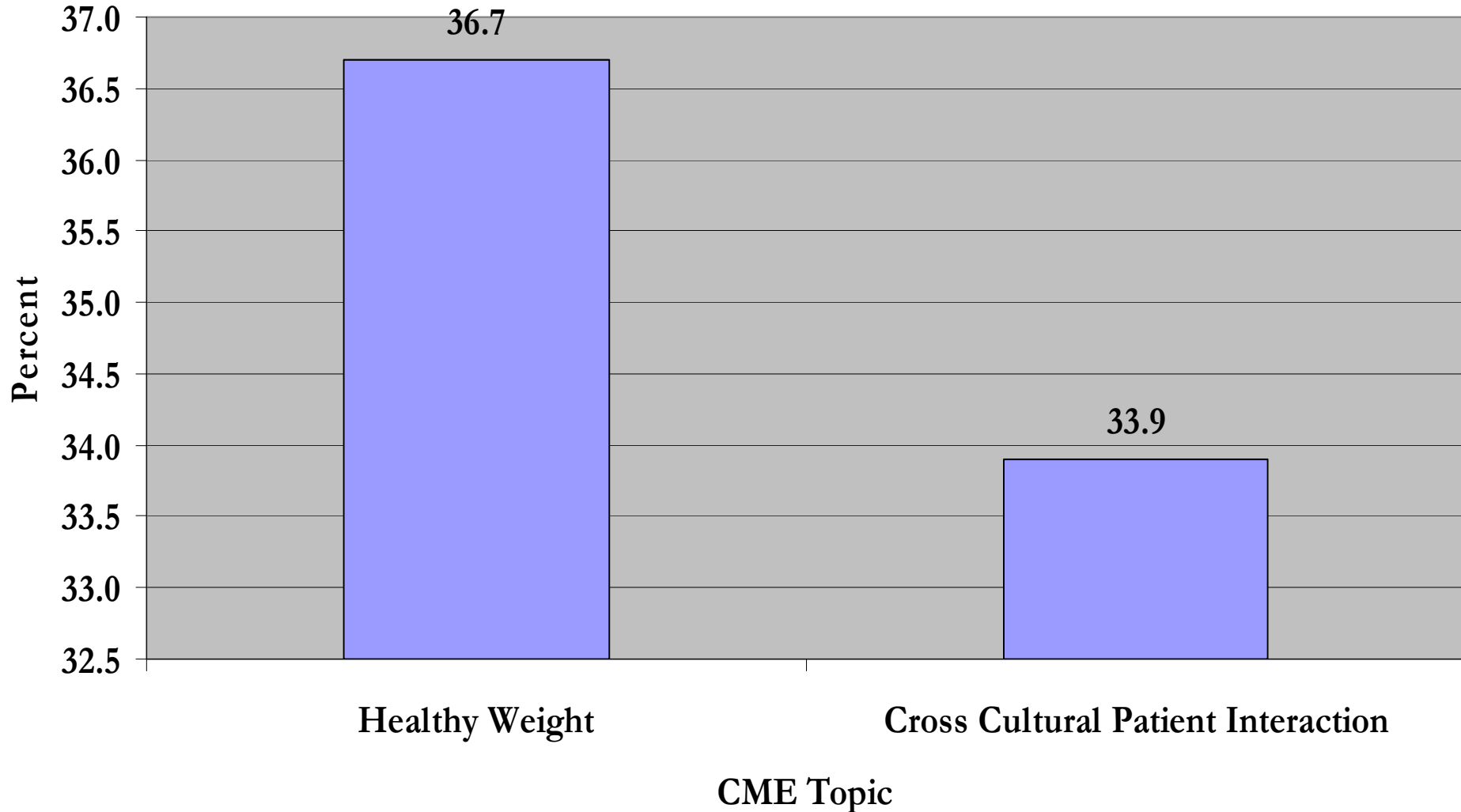
Percent of patients whose health insurance companies explicitly cover time spent counseling on weight



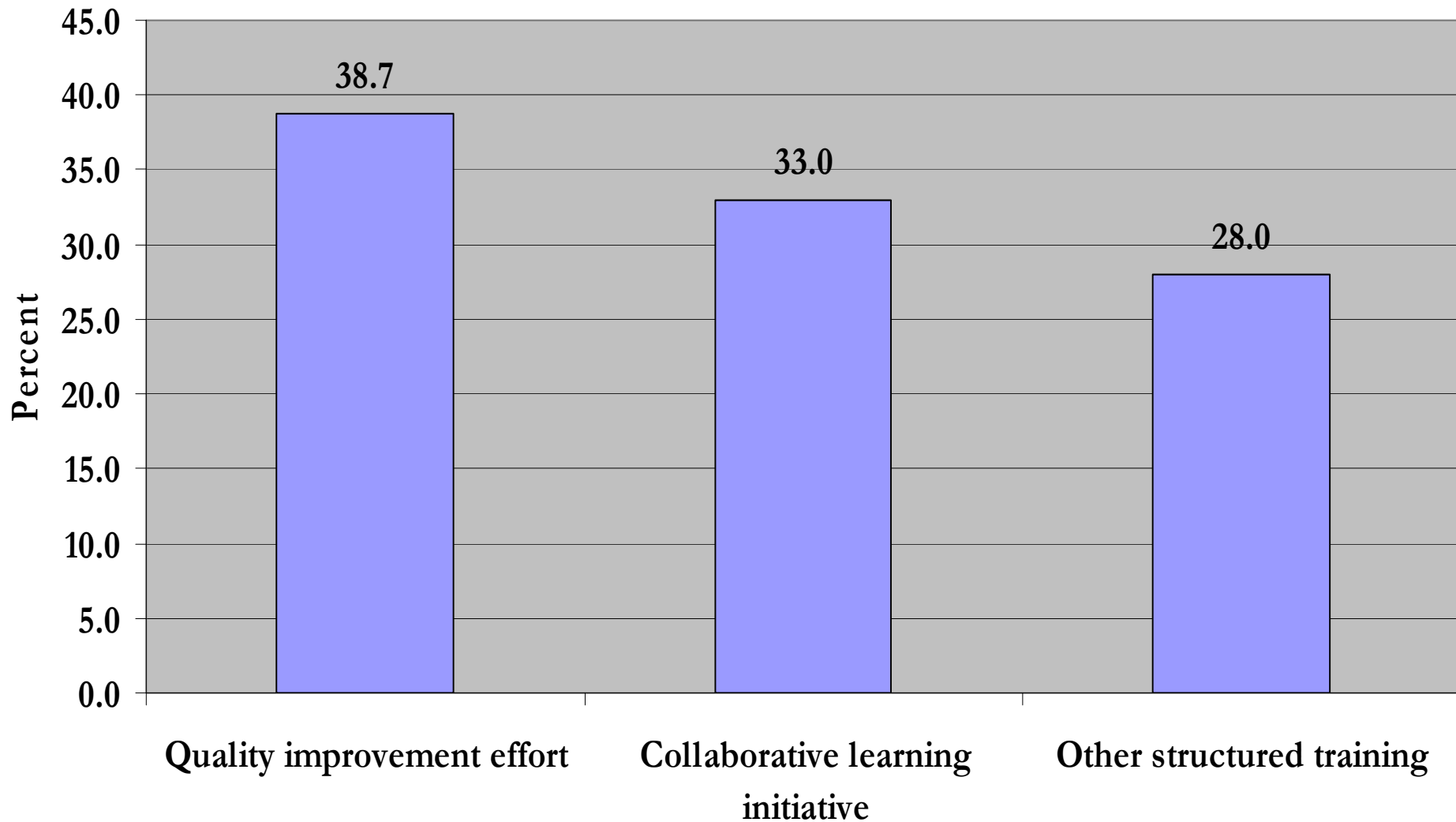
Does lack of adequate insurance coverage/reimbursement for overweight/obesity impact your patients?



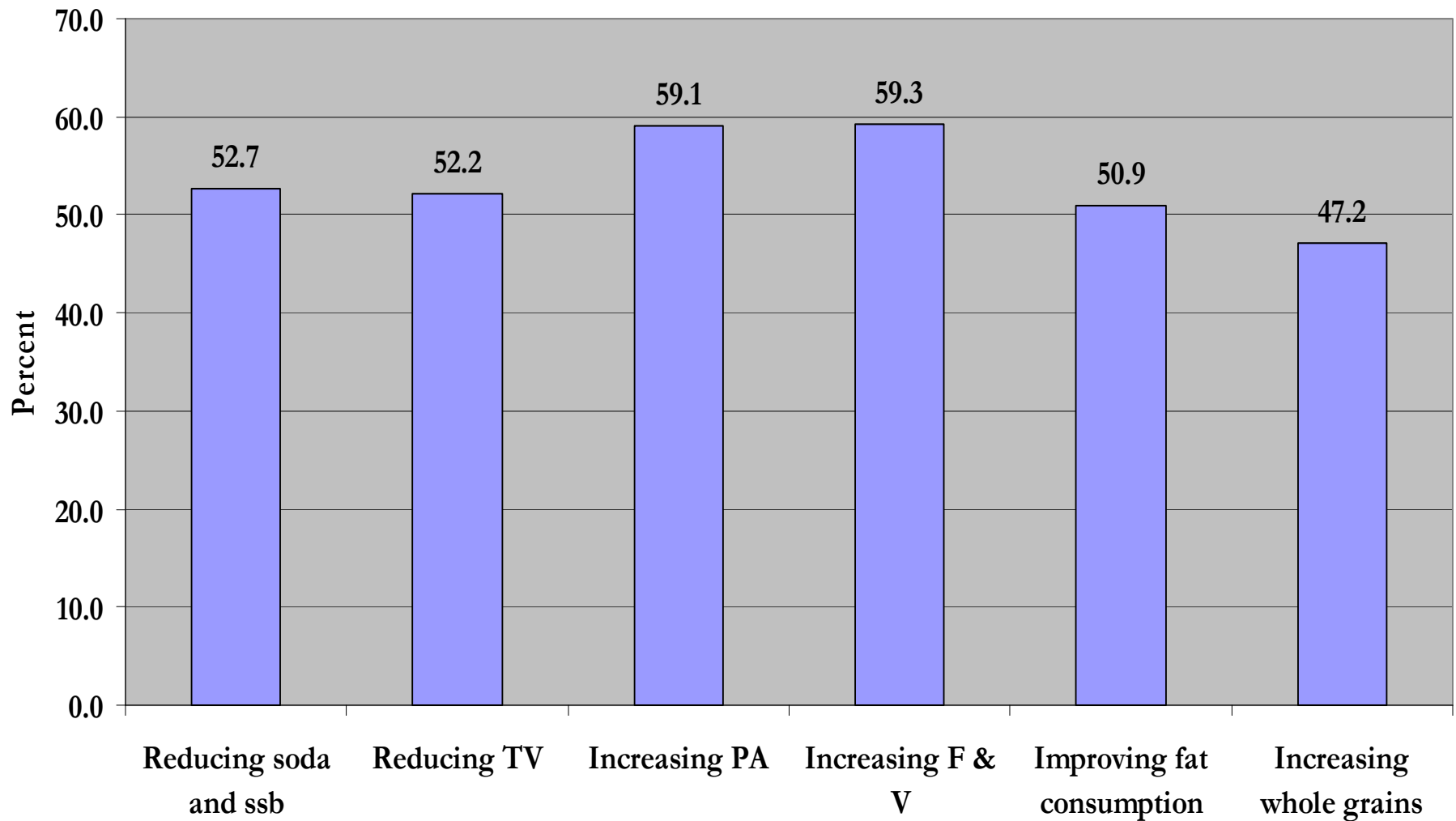
Participated in CME on Healthy Weight Counseling or Cross Cultural Patient Interaction within past 3 Years



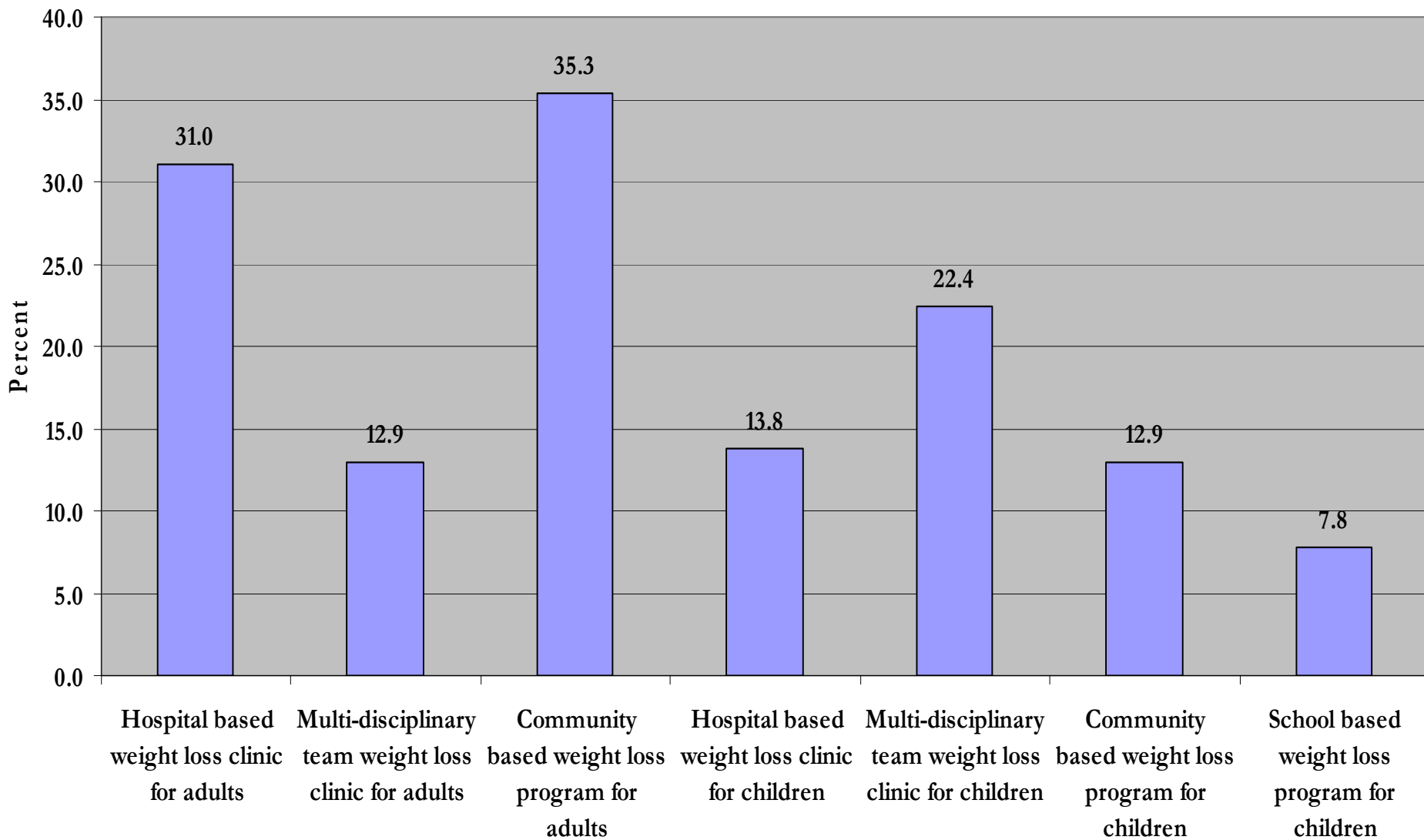
Participated in state/community level efforts



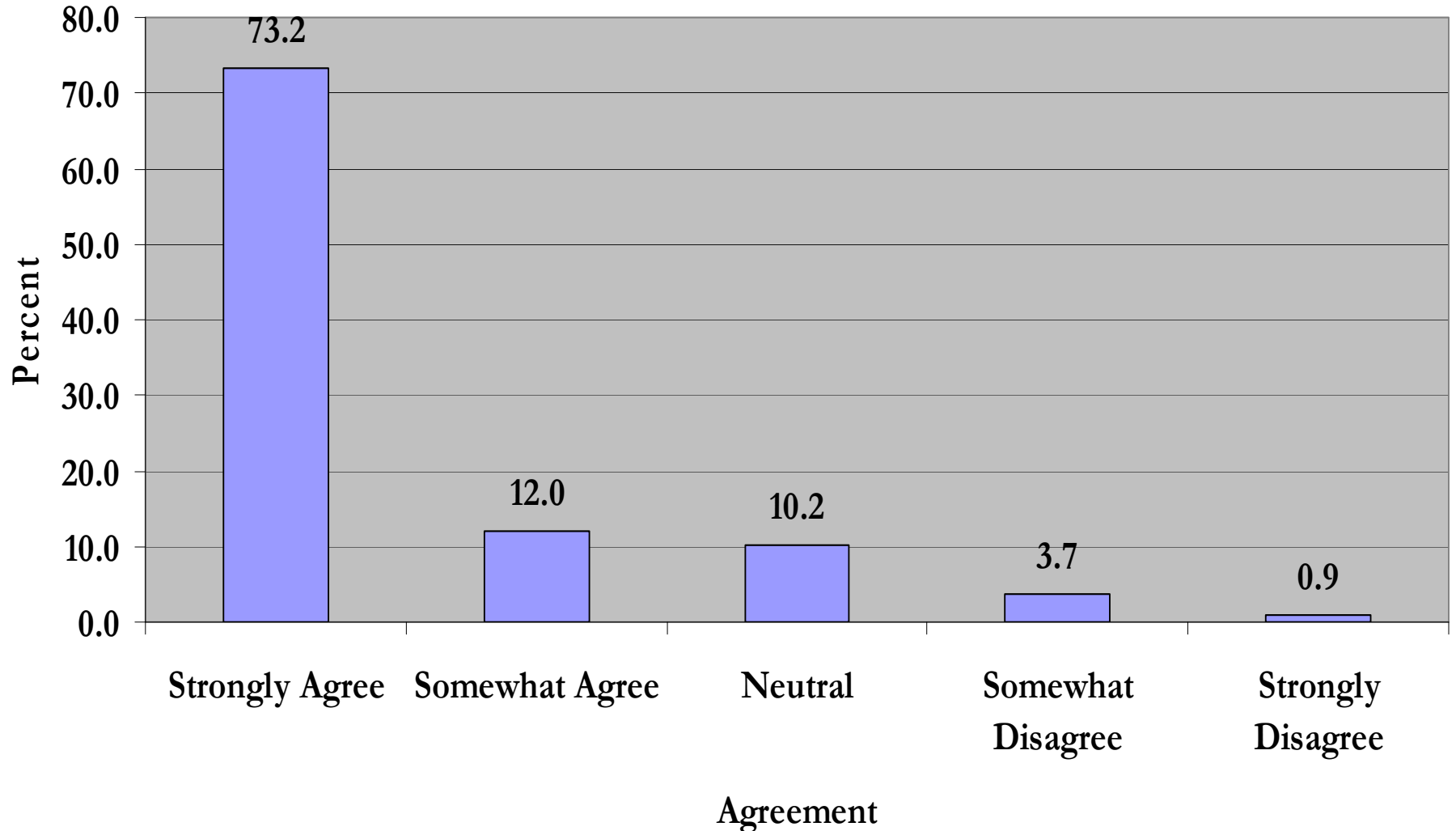
Received training to assist patients with behaviors



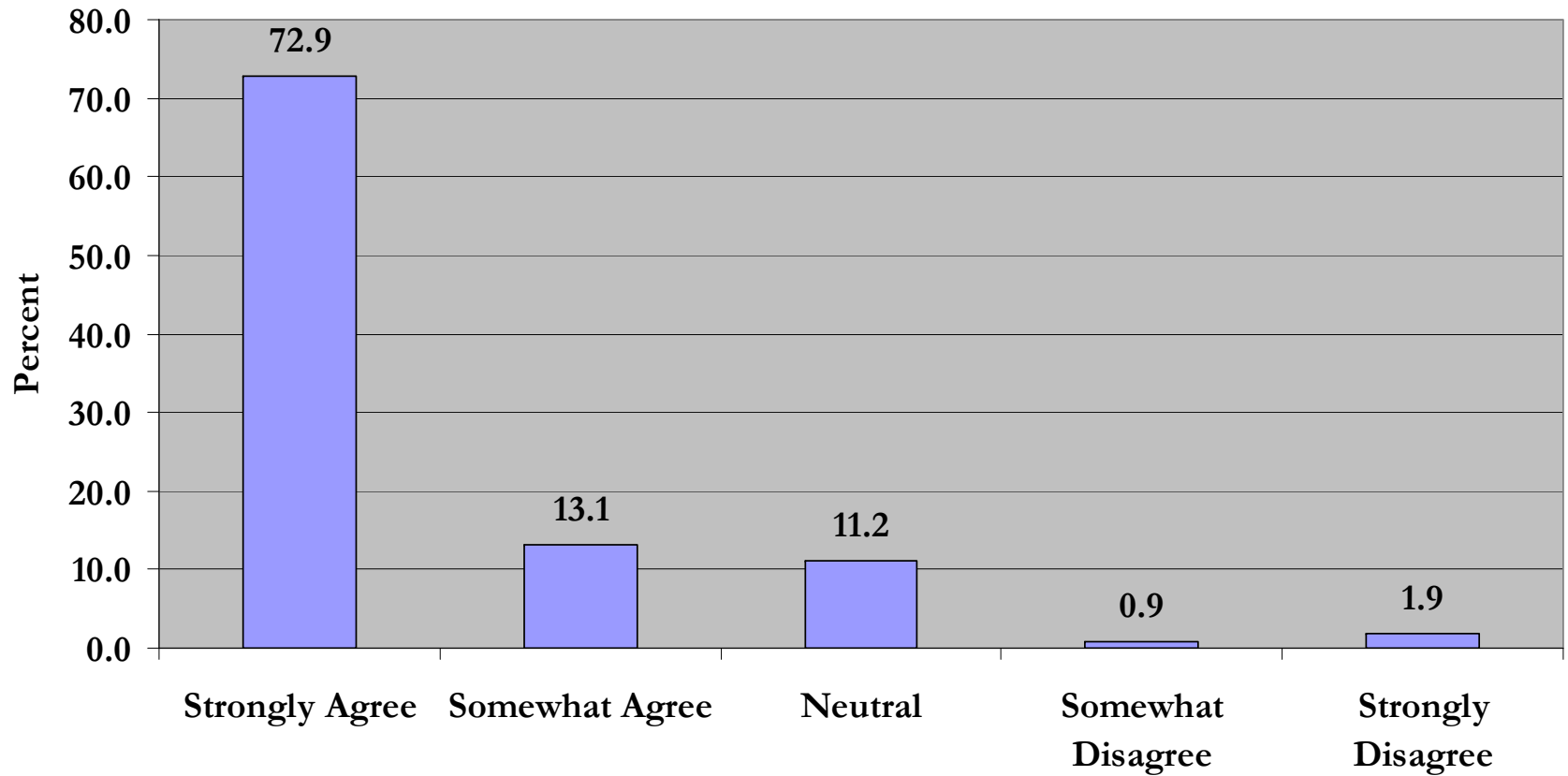
Local resources



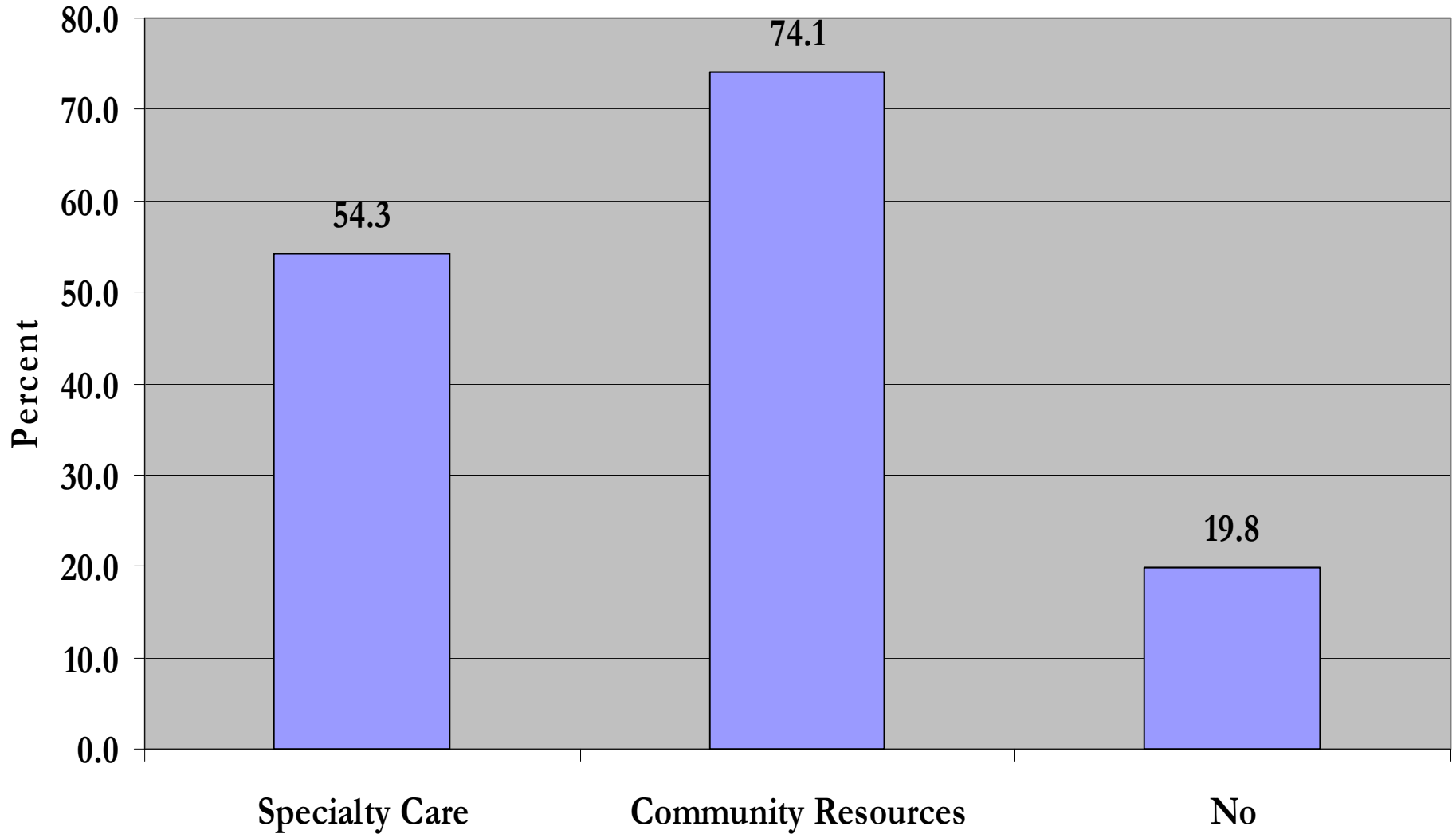
Supportive of the development of a pediatric tertiary weight management center with access to multidisciplinary teams with expertise in childhood obesity



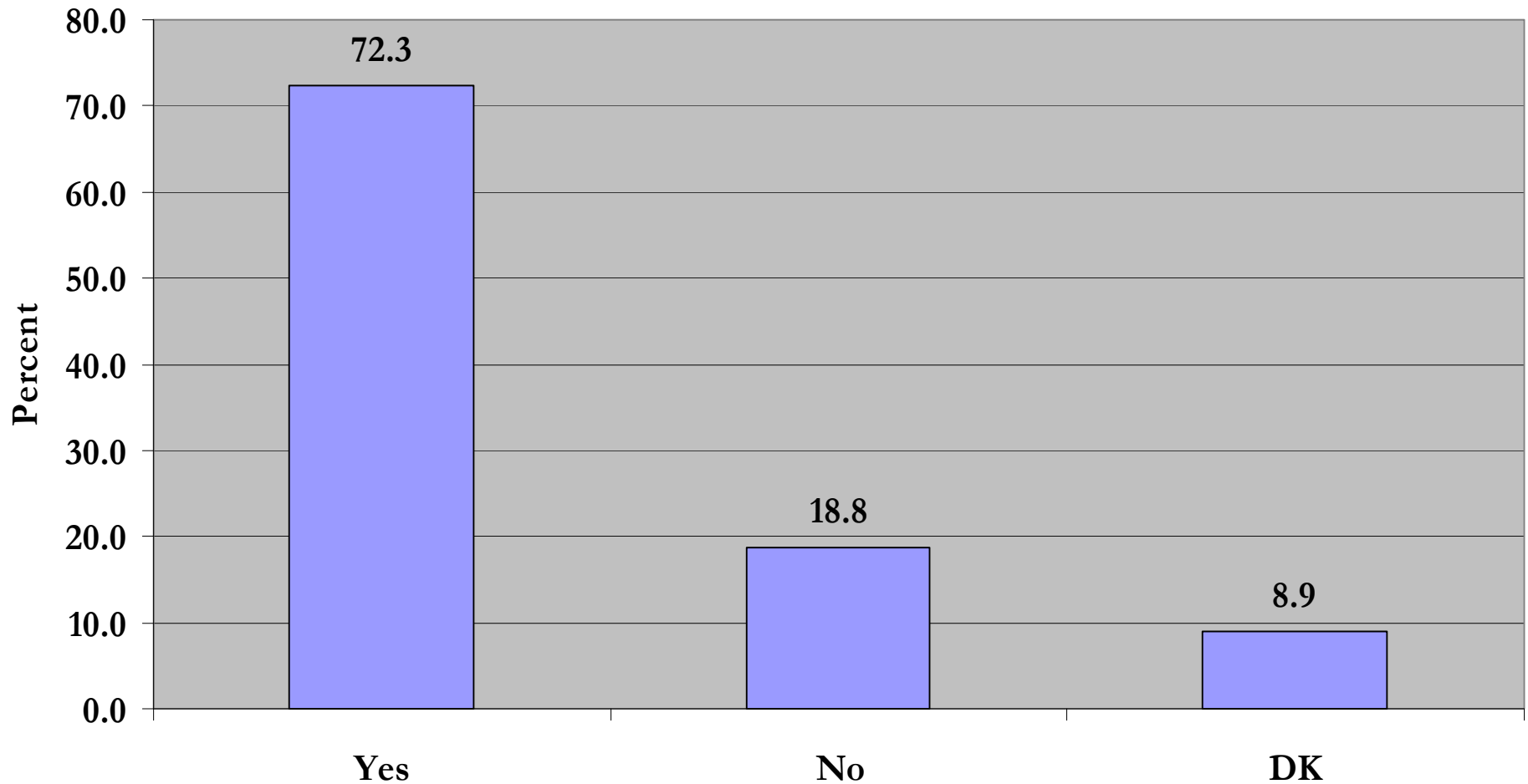
Supportive of the development of a adult tertiary weight management center with access to multidisciplinary teams with expertise in adult obesity



Wish had more information



Interested in info and/or guidance regarding obesity research, evidence based weight loss/mgmt programs and resources for obesity prevention and treatment?



Comments

- Not aware of all resources available
- Reimbursed exercise programs would be good
- Like to engage the community to provide safe locations to exercise year round
- Many patients lower income and have little ability to manage diet
- More pediatric CME should target weight issues
 - seeing a lot of things in practice that not trained in during residency

Comments (2)

- Largest obstacles are patients' lack of interest, financial costs of eating healthy, and reliance upon automobile
- Kids lack role models
- Participation in Maine Youth Overweight Collaborative has been very helpful
- So many hurdles to overcome, I don't feel like I make a dent in the problem
- Would appreciate a state-wide effort to review and recommend medication use & payment source help for patients

Comments (3)

- Need better funded primary care that can take time with people