Development and Implementation of Intensive Behavioral Therapy (IBT) for Obesity in the Primary Care Setting

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The Lehigh Valley Health Network (LVHN) documents BMIs for 186,754 adult patients per year in the primary care setting. 127,699 of these patients currently have a BMI greater than 25, thus classifying them as overweight or obese. These numbers are consistent with national data. Given this knowledge of our patient population demographics, LVHN learned of Intensive Behavioral Therapy (IBT) for obese Medicare patients following the passage of the ACA. This program is covered by CMS and unexploited by most primary care practices not only in our network, but across the country. IBT relies on a trusting relationship with the PCP, a known therapeutic alliance, thus encouraging a patient-centered care model.

At LVHN, IBT will be provided to willing Medicare patients for at least 22 visits in the primary care setting through a standardized program supported by the LVHN Weight Management Center and Department of Education. IBT will capitalize on the tenets of Motivational Interviewing to facilitate self-directed behavioral modifications. This pathway includes 1) an evidenced-based multidisciplinary IBT information packet, 2) EMR templates to facilitate documentation and billing, 3) patient education material provided upon request, and 4) periodic surveys eliciting feedback from patients and providers. LVHN has begun to pilot this program at two of its largest primary care practices.

A survey of LVHN adult primary care physicians indicated that 60% were not aware of the existence of this CMS-reimbursed program. Over two-thirds of providers feel confident to effectively address obesity in their practice. About 60% of providers would use a “ready-made” IBT program. Providers also indicated their need for additional time with patients, knowledgeable ancillary staff, and training to address chronic obesity with their patients. These data suggest that providers are willing and confident to implement IBT at their practice, but require additional support to address obesity with their patients. In the future, we intend to survey patients enrolled in IBT at the pilot practices to elicit their feedback for improvements and to identify other provider needs.

If proven efficacious, our IBT model could be readily utilized by CMS-supported adult primary care practices across the United States.