

Telemedicine can mitigate barriers for access to obesity care, weight loss management

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Telemedicine offers emerging opportunities to reduce barriers to obesity care faced by healthcare providers, patients and health plans, according to a paper published online in *Obesity* journal.

"Healthcare providers and policymakers increasingly recognize the potential of telemedicine and remote healthcare," said Scott Kahan, MD, MPH, FTOS, director of the National Center for Weight and Wellness, Washington, DC, and instructor at the Johns Hopkins Bloomberg School of Public Health, Baltimore, Md. "Use of telemedicine for the management of chronic diseases, including [obesity](#), is vital to support access to high-quality healthcare, especially for persons with [limited mobility](#), those who are under- or uninsured and those living in geographical areas with limited healthcare options." Kahan is the lead author of the paper.

It has been estimated that by 2030 nearly 80% of adults in the United States will have pre-obesity or obesity. Despite the continued increase in obesity prevalence and the challenges for many patients to lose and maintain weight, use of guideline-supported treatments, such as pharmacotherapy, intensive behavioral therapy and bariatric surgery, remains underutilized, according to the study's authors. Notable barriers to use of these treatments and to effective long-term weight management include limited access to specialized care, high cost, limited availability of trained obesity medicine and weight management specialists and limited insurance coverage.

In particular, the study's authors note that [poor access](#) to healthcare providers with training in obesity medicine and interdisciplinary treatment teams poses a significant barrier to effective care. The authors add that geographic barriers, particularly in rural areas, further reduce access to care. Access may also be limited by a perceived shortage of time and the relatively low priority given to obesity treatment during primary care office visits. The authors write that "success in weight-management programs improves with more frequent visits."

In a 2016 report by the U.S. Department of Health and Human Services, it was estimated that 61% of healthcare institutions in the United States

were using some version of telemedicine. The COVID-19 pandemic has driven the rapid expansion of telemedicine as most patients have been unable, unwilling or dissuaded from in-person care. According to the Centers for Disease Control and Prevention, there was a 154% increase in telehealth visits during the first year of the COVID-19 pandemic.

The authors argue there are multiple opportunities for telemedicine to address key barriers for improving obesity treatment. Primary care providers can make referrals to specialists beyond their geographic locations to improve access to care. A randomized clinical trial consisting of males and females that were socioeconomically disadvantaged with obesity and elevated risk for cardiovascular disease demonstrated greater weight loss with a digital app and clinician counseling.

Virtual interactions between patients and healthcare providers may be less expensive and more cost effective than in-person visits. In one study by Spring et al., researchers evaluated individual components of behavioral obesity treatments, including those delivered remotely, to assess their cost-effectiveness in contributing to weight loss over a period of six months. The combination of treatment packages—including a smartphone application, personalized goals, online lessons, 12 coaching calls, a support buddy and progress reports sent to a primary care provider—led to nearly 60% of participants losing at least 5% of baseline body weight, a magnitude of weight loss that leads to improvements in diabetes, cardiovascular risk and health-related quality of life.

By decreasing the time and resource commitments needed for frequent counseling appointments, telemedicine may also help improve long-term adherence. In one study, patients who participated in a weight-loss intervention visit via videoconference, compared with those who attended in person, showed a 96% retention rate for those who

participated virtually, compared to 70% for the in-person group.

Challenges for use of telemedicine include the need for training of [healthcare providers](#) to implement remote [healthcare](#) and the licensing of secure videoconferencing software compliant with the Health Insurance Portability and Accountability Act. Other limitations may include patient access to reliable internet connection and concerns regarding insurance reimbursement.

Kahan and co-authors explain that future research should focus on patient engagement, retention and evaluation of patient phenotypes that may contribute to improved long-term outcomes in virtual-only programs. Optimal patient profiles (e.g., extent of obesity comorbidities) should be considered for prescribing pharmacotherapy via [telemedicine](#).

Co-authors of the study include Michelle Look, San Diego Sports Medicine and Family Health Center, University of California–San Diego and Angela Fitch, Massachusetts General Hospital Weight Center and Harvard Medical School, Boston, Mass.

The paper, titled "Telemedicine in Obesity Care", will be available online in *Obesity*. The paper will be published in the March 2022 print issue.

More information: Telemedicine in Obesity Care, *Obesity*, onlinelibrary.wiley.com/doi/10.1002/oby.23382

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