

Combining population health management and online program may help patients lose weight

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Over 70 percent of U.S. adults have overweight or obesity. While primary care physicians (PCPs) are often the most immediate source of counseling for those trying to lose weight, most PCPs do not have the time, training, or support to guide their patients through a comprehensive weight loss program. Additionally, studies of online weight loss programs have found mixed levels of success. Population health management programs, which are delivered by non-clinical staff members, have emerged as supplemental support systems that offer outreach for preventive and chronic condition care needs, outside of primary care visits. Researchers from Brigham and Women's Hospital paired an online weight loss program with a phone- and email-based population health management program, a two-pronged strategy previously unexplored, and determined that patients in the combined program had greater weight loss over 12 months than patients in the other two groups. Findings are published in the *JAMA*.

"Population health managers are already doing outreach to people who would benefit from [weight loss](#), such as patients with hypertension or type 2 diabetes," said corresponding author Heather Baer, ScD, an associate epidemiologist in the Division of General Internal Medicine and Primary Care at the Brigham. "The idea was to leverage population health management, which is a strategy that's been implemented at the Brigham and in other institutions, to see if it could be integrated with an online weight loss program and be sustainable over time."

The study followed 840 patients in the Brigham's Primary Care Center of Excellence, a network of 15 practices, between 2016 and 2019. Participants, all of whom either had overweight or obesity and hypertension or type 2 diabetes, were divided into three study groups. The "usual care" group received general information about weight management in the mail; the "online only" group participated in an online weight-loss program, which included meal plans, activity trackers, and progress reporting features; and the "combined intervention" group participated in the online program while receiving additional outreach and support from non-clinical staff members monitoring their progress.

Over the course of 12 months, the usual care, online only, and combined intervention groups lost an average of 2.7 pounds, 4.1 pounds, and 6.9 pounds, respectively. The researchers found that the combined intervention produced a small but statistically significant increase in weight loss compared to the other two methods. Moreover, participants in the combined intervention group decreased their body weight by an average of 3 percent, a statistically significant difference from the 1.4 and 1.9 percent decreases found in the usual care and online only groups.

The researchers acknowledge that while the amount of weight loss is fairly low, clinically significant health benefits are associated with a 3-5 percent decrease in weight among individuals with overweight or obesity. Approximately one third of participants in the combined intervention group lost 5 percent or more of their weight, compared to only 14.9 and 20.8 percent of participants in the usual care and online only groups, respectively. Moreover, the weight loss in the combined intervention group was also found to be maintained at 18 months, in spite of the fact that active interventions ceased after 12 months.

"Our findings suggest that the combined intervention facilitates potentially sustainable weight loss in the long term," Baer said. She notes that the generalizability of the team's findings is limited, given that the the majority of participants were white, well-educated, and English-speaking. Nevertheless, the combined [intervention](#) approach may offer an effective form of weight management that is more easily available to some patients who may face barriers in accessing traditional in-person care.

The results are especially notable as health care increasingly shifts to virtual forms amidst the COVID-19 pandemic. "We knew that online [weight loss](#) programs can be more convenient, accessible, and cheaper for patients, but now both physicians and patients have become more comfortable with the idea of care being delivered virtually," Baer said. "Virtual care is going to stay with us post-pandemic, and this study provides more evidence that even pre-pandemic, virtual care for some conditions is working."

More information: *JAMA* (2020). [DOI: 10.1001/jama.2020.18977](#) , [jamanetwork.com/journals/jama/.../1001/jama.2020.18977](#)

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