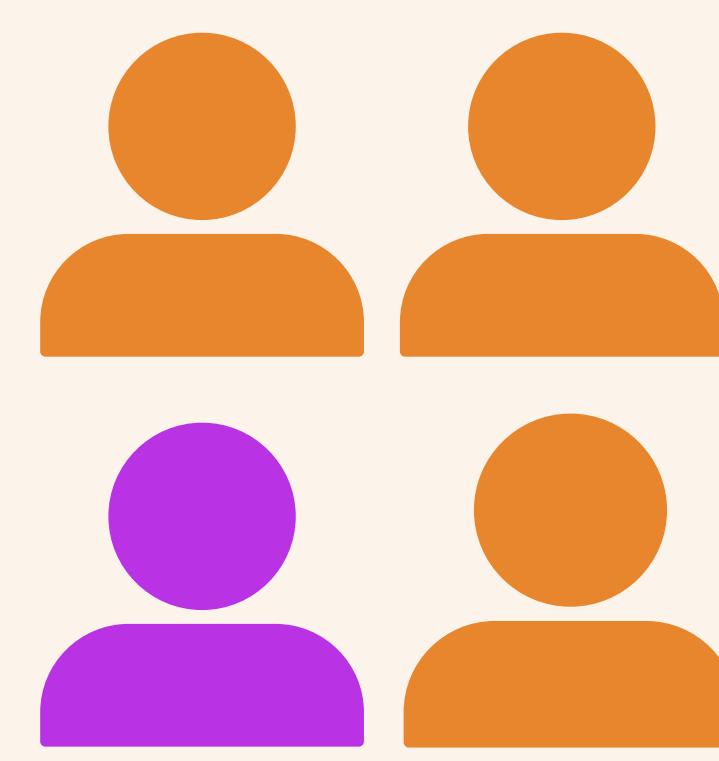


# Team Based Obesity Medicine | ACT (Acceptance and Commitment) for Metabolic Health Program

Angie Hong MD CCFP FCFP DABOM, Emily Cercado RD

## Background



About  
**1 in 4**  
Canadian adults  
live with obesity

- In 2015, the Canadian Medical Association officially declared obesity a disease that requires treatment and lifelong management.
- **The 2020 Canadian Obesity Guidelines highlight the importance of a multidisciplinary approach to the treatment of obesity.**
- Obesity is a risk factor for type 2 diabetes, cardiovascular disease, cancer and many other significant health problems.
- Obesity is caused by multiple factors, including genetic, metabolic, behavioural and environmental.

## Objectives

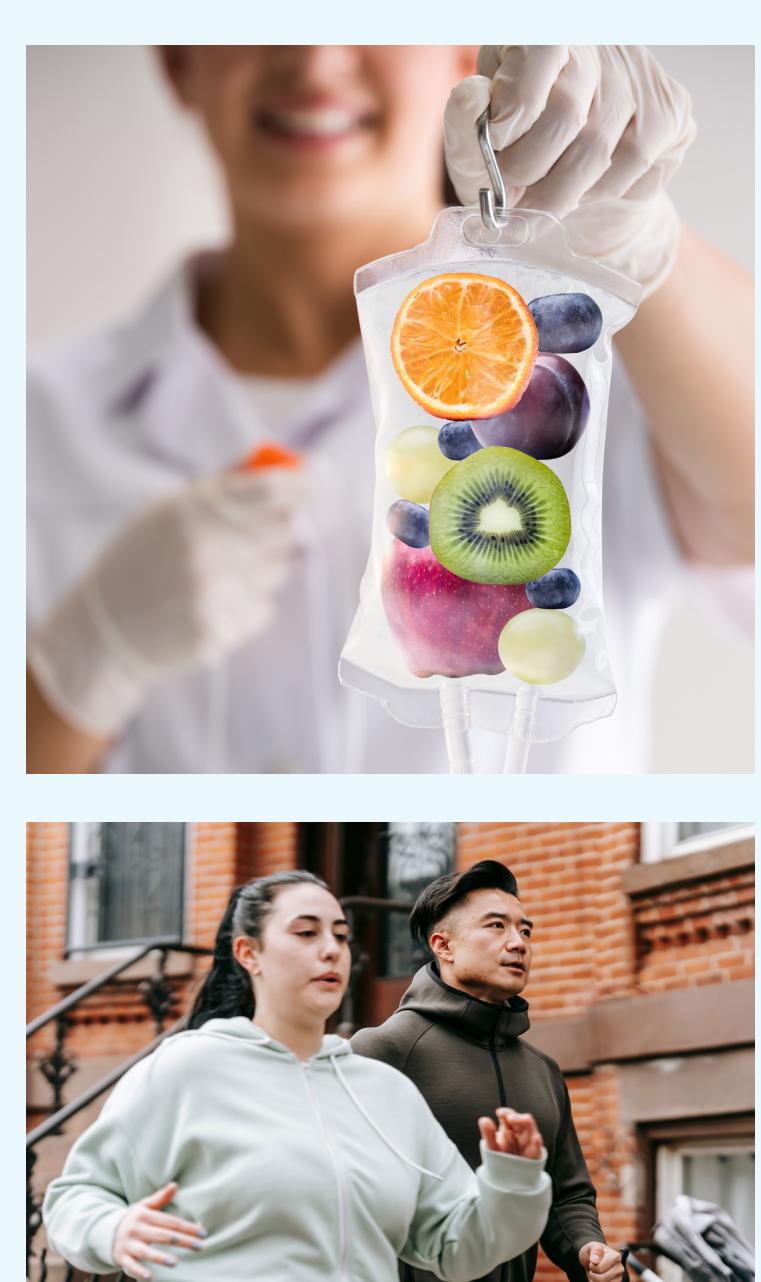
- 1 Understand the impact of team-based care in obesity medicine as per Canadian Obesity Guidelines.
- 2 Appreciate the unique contribution of the team members.
- 3 Learn about creating a successful program that addresses the whole patient in obesity care.



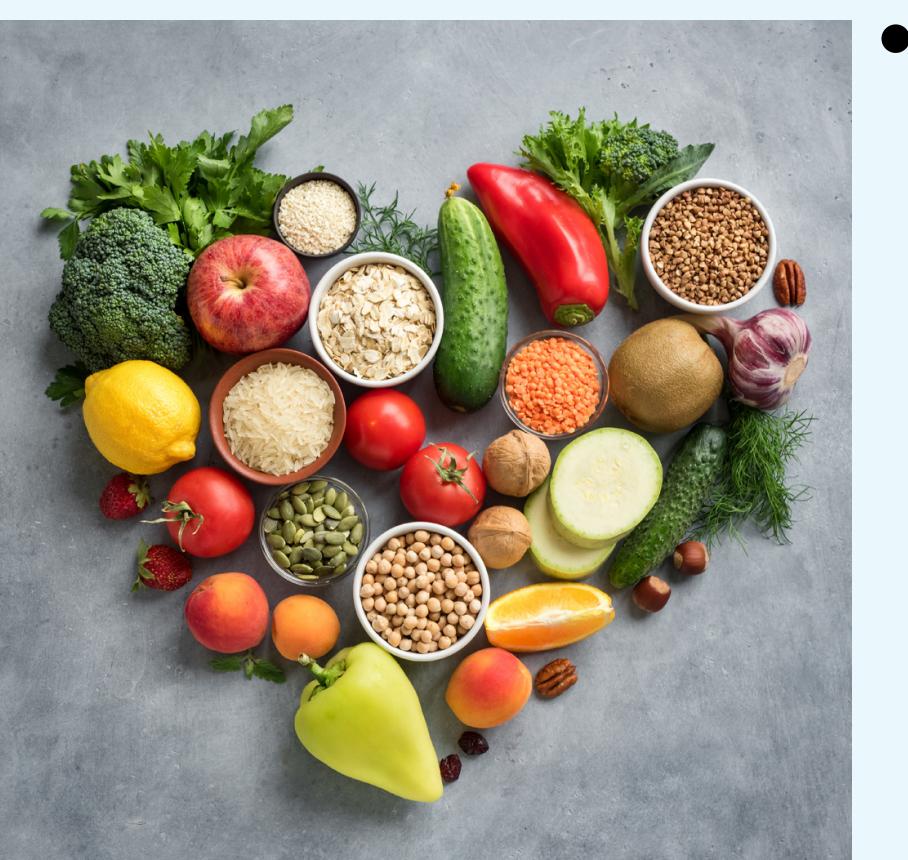
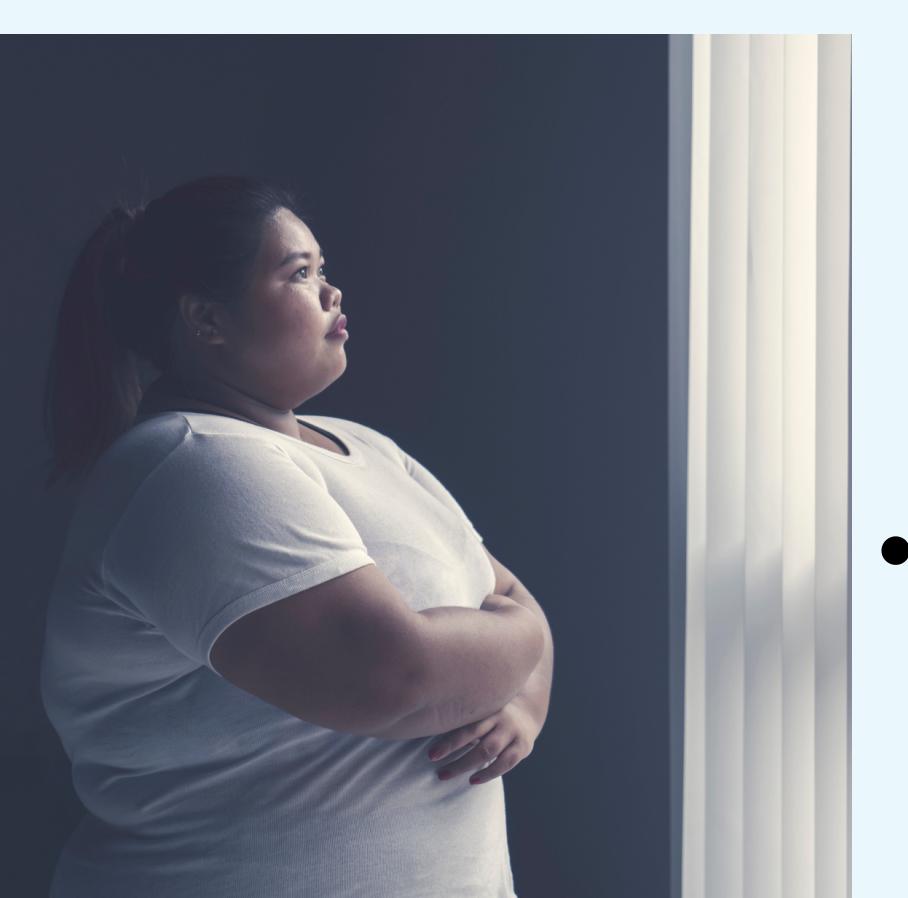
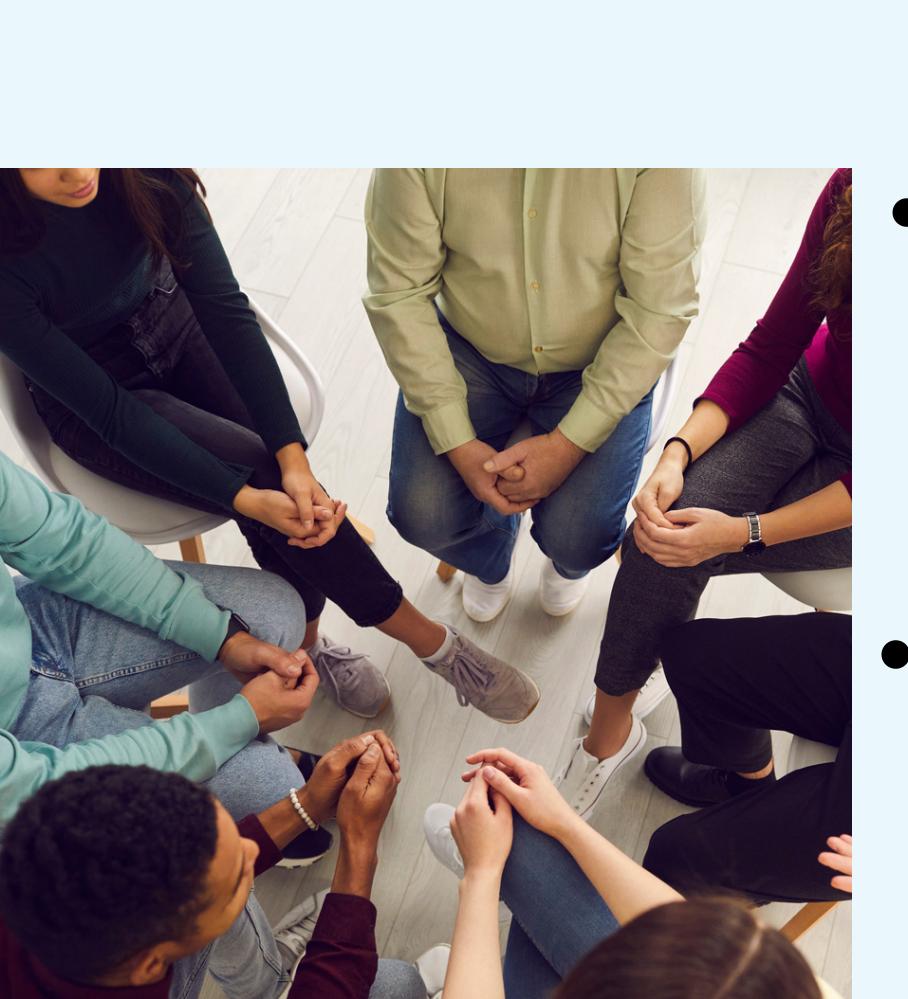
## Our Context

The North York Family Health Team is a large multi-site academic primary care organization with 94 physicians, 21 allied health workers and the NYFHT serves approximately 94,000 patients.

## Program Description



- The ACT for Metabolic Health Program is a **patient-centered, interdisciplinary program**. Team members include an expert Physician, FHT Registered Dietician, FHT Pharmacists and FHT Social Workers.
- The program design addresses key treatment pillars of obesity, including nutrition therapy, psychological treatment, and pharmacotherapy.
- The program aims to uphold a health-focused approach with a focus on health-promoting behaviours.



- The **FHT RD** offers an initial group learning session, followed by monthly personalized visits providing nutritional therapy.
- The **FHT social workers** run group programming using an Acceptance and Commitment Therapy framework to provide psychological and behavioral interventions. These sessions address common barriers to healthy behaviours, including cravings and stress.
- The **FHT pharmacists** contribute to the seamless monitoring of pharmacotherapy, including side effects, and dose adjustments.
- The **Physician Lead** oversees the program. The initial consultation reviews obesity related comorbidities, and a treatment plan. Patients who would benefit from care outside the program's scope, including bariatric surgery referral or treatment for eating disorders, are offered outside resources.

## Success Factors

- Multi-disciplinary team with a common vision for excellence in obesity care.
- High frequency communication between all team members with meetings to maximize collaboration. Convenient communication with team members and referring physicians through the use of common EMR systems.
- **Team with a special interest and understanding of obesity care, understanding patient experience of weight stigma and bias that is often encountered in health-care settings.**
- Structured to address negation of referring physician.



## Equity

- The ACT for Metabolic Health Program directly addresses the issue of equity in obesity care. Dietician and counselling services are not widely available to those who cannot access or afford these services. The ACT program aims to provide these important pillars of care equitably to all patients in the NYFHT.

## Future Directions

- A maintenance program after the first year of participation to support patients beyond the period of support in the first year is important and being piloted.
- A physical activity component of the program would further align our program with current Canadian guidelines of treatment for obesity as an important behavioral intervention.



## Conclusion

- The ACT for Metabolic Health Program aims to be a comprehensive, equitable and patient-centered program integrating an interdisciplinary team of an Expert Physician, a FHT Registered Dietician, the FHT Social Workers and the FHT Pharmacy team.

## References

- Obesity in adults: a clinical practice guideline  
Sean Wharton, David C.W. Lau, Michael Vallis, Arya M. Sharma, Laurent Biertho, Denise Campbell-Scherer, Kristi Adamo, Angela Alberga, Rhonda Bell, Normand Boulé, Elaine Boyling, Jennifer Brown, Betty Calam, Carol Clarke, Lindsay Crowshoe, Dennis Divalentino, Mary Forhan, Yoni Freedhoff, Michel Gagner, Stephen Glazer, Cindy Grand, Michael Green, Margaret Hahn, Raed Hawa, Rita Henderson, Dennis Hong, Pam Hung, Ian Janssen, Kristen Jacklin, Carlene Johnson-Stoklossa, Amy Kemp, Sara Kirk, Jennifer Kuk, Marie-France Langlois, Scott Lear, Ashley McInnes, David Macklin, Leen Naji, Priya Manjoo, Marie-Philippe Morin, Kara Nerenberg, Ian Patton, Sue Pedersen, Leticia Pereira, Helena Piccinini-Vallis, Megha Poddar, Paul Poirier, Denis Prud'homme, Ximena Ramos Salas, Christian Rueda-Clausen, Shelly Russell-Mayhew, Judy Shiu, Diana Sherifali, John Sievenpiper, Sanjeev Sockalingam, Valerie Taylor, Ellen Toth, Laurie Twells, Richard Tytus, Shahebina Walji, Leah Walker, Sonja Wicklund, CMAJ Aug 2020, 192 (31) E875-E891; DOI: 10.1503/cmaj.191707
- Health-infobase.canada.ca
- Asselin J, Osunlana AM, Ogunleye AA, Sharma AM, Campbell-Scherer D. Challenges in interdisciplinary weight management in primary care: lessons learned from the 5As Team study. Clin Obes. 2016 Apr;6(2):124-32. doi: 10.1111/cob.12133. Epub 2016 Jan 27. PMID: 26815638; PMCID: PMC511761.

