



The office environment

Figure 9.1 Checklist for Office-based Obesity Care

Equipment for waiting area

- Open-arm chairs that can support more than 300 pounds
- Firm sofas that can support more than 300 pounds
- Weight-sensitive reading materials

Equipment for exam room

- Body weight scales with a capacity of more than 300 pounds
- Height meter
- Large gowns
- Step stools with handle bars
- Large adult and thigh blood pressure cuffs
- Tape measure
- Wide examination tables, preferably bolted to the floor. Consider a hydraulic tilt, if possible.

Tools

- Body mass index (BMI) chart
- Self-administered medical questionnaire
- Eating Pattern Questionnaire
- Physical Activity Pattern Questionnaire
- Graphing Your Weight Gain Chart
- Food and activity diaries
- Pedometers

Procedures

- Treatment protocols
- Medication use
- Referrals to other health care professionals

See Booklet 10: *Resources for Physicians and Patients* for ordering information and copies of tools.

Figure 9.2 Audit for Delivery of Office-based Obesity Care

Do you routinely assess and evaluate patients for overweight and obesity?

For example, measure height, weight, waist circumference, body mass index (BMI); take a focused obesity history; assess readiness and barriers for weight loss.

What kinds of services or programs do you routinely provide to your overweight patients?

For example, dietary and physical activity counseling, group support, referral to a registered dietitian, email correspondence, use of anti-obesity medications or formula diets.

Are the services or programs recorded in patient charts?

For example, recommended dietary and physical activity behavioral changes; percent weight loss goal; correspondence to a registered dietitian, health psychologist, or exercise specialist; use and risks of anti-obesity medication.

What policies and procedures do you have in place for providing obesity care?

For example, all patients have height, weight, waist circumference, and BMI measured and recorded in their chart; patient readiness is assessed before initiating treatment; weight loss goals are established and tracked in the progress notes; patients with a BMI of ≥ 30 are assessed for anti-obesity medications; those with a BMI of ≥ 40 are assessed for bariatric surgery.

What forms, patient handouts, and educational materials are you using?

For example, focused obesity history form, diet and physical activity history forms, healthy snacks, strategies to increase physical activity during daily living, food and activity diaries, educational sheets on anti-obesity medications.

How does your office environment support or inhibit delivery of obesity care?

For example, sturdy armless chairs, large arm and thigh blood pressure cuffs, large gowns, measuring body weight in a private setting, a sensitive and informed office staff.

What functions do staff currently serve in the provision of obesity care?

For example, office nurse obtains weight, height, and BMI; physician's assistant reviews food and activity diaries and medication side effects; receptionist schedules referral appointments with dietitian and clinical psychologist.

What can you do differently?

Adapted from *A Step by Step Guide to Delivering Clinical Preventive Services: a systems approach*. Agency for Healthcare Research and Quality, Rockville, Md. Available at: www.ahrq.gov/ppip/manual.