

Current guidelines from the Obesity Society / American Heart Association / American College of Cardiology for the Treatment of Obesity recommend participation in an intensive multidisciplinary program.

PHILOSOPHY

The philosophy of a weight program needs to match your own thoughts and needs. Our program is based on these principles:

1. Obesity is a chronic disease that requires long-term treatment for successful management.
2. A modest amount of weight loss as long as it is maintained has health benefits (10% or more).
3. Physical activity must be a part of long-term weight management success.

Philosophy Components

1. Gradual weight loss will be achieved by following a structured, low calorie meal plan using meal replacements.
2. Treatment will be monitored medically and supervised by physicians.
3. Patients will gradually increase the time commitment for and variety of strategies for and vigorous physical activity and exercise.
4. Learn weight loss skills as well as long-term weight maintenance skills by adopting healthy lifestyle changes.

Program Description

The Washington University Weight Management Program combines the expertise of a team to provide a comprehensive approach to the medical management of excessive weight.

The team = doctors and medical assistants + behavior counselors + registered dietitians + Physical therapists + the individual enrolled in the program.

The pre-program evaluation includes blood work, EKG, doctor visit, a behavioral assessment, and a nutrition assessment. This is followed by weekly sessions to work on changing behaviors and increasing physical activity.

The session format or clinic visit includes a group session and medical monitoring. The group session will consist of the program's educational curriculum as well as time to gain support from other group members. The curriculum materials will focus on behavior modification, nutrition, and physical activity.

During the clinic time, patients are seen by the program's medical team. Regular medical monitoring helps reduce health risks related to weight loss and enables the clinic to make appropriate adjustments to the treatment program. The physicians are trained to recognize conditions related to excessive weight and weight loss and to monitor changes in patient health.

Program Overview

The program offers many stages of personal growth and skills to help manage your weight for life. Before joining the program, participants will undergo a pre-assessment screening process, which includes the following:

- **Medical [History and physical, EKG & labs]**
- **Behavioral assessment**
- **Dietary assessment with development of individualized meal plan**

Stage I: Initial Weight Loss Basics - Weeks 1-20 of limited eating.

- You will:
- Learn to identify food triggers
 - Develop skills to handle the triggers
 - Assess your environment
 - Learn to set up a healthy support system.

STAGE I PROTOCOL: *Initial Weight Loss Basics*

Leader	Topic	Medical Monitoring
BC	Goal Setting	Medical Monitoring is at the discretion of the physician based upon the patient's health status. In most cases these visits will be monthly, in Stage 1 of the program. In some cases more frequent medical visits may be required. A specialist's co-pay will be collect at all physician visits. Follow up labs will be ordered upon the physician's judgment at the patient's insurance-preferred lab location.
BC	Handling Holidays and Events	
RD	Tipping the Calorie Balance	
BC	Emotions and You	
BC	You Can Manage Stress	
BC	Talk Back to Negative Thoughts	
PT	The Four Facets of Fitness	
BC	Adherence	
BC	Make Social Cues Work for You	
BC	Problem Solving	
RD	Healthy Eating	
BC	Being Active; A Way of Life	
BC	Environmental Cues	
BC	Self-Care/Keeping Yourself a High Priority	
PT	SMART Goals & Your Body's Response to Fitness	
BC	The Slippery Slope of Lifestyle Changes	
BC	Paying Attention to Hunger/Satiety Cues	
BC	Dealing Effectively with Barriers and High Risk Situations	
RD	Healthy Eating Out/Restaurants	
BC	Ways to Stay Motivated	
BC = behavioral counselor RD = registered dietitian PT = physical therapist		

Stage II: *Sharpening Weight Loss Skills* - Weeks 21-56

- Reinforce skills learned in Stage I
- Continue to lose body fat or maintain weight loss
- Continue to work on behavior changes related to weight maintenance
- Maintain and increase your commitment to exercise and physical activity

Medical Monitoring is at the discretion of the physician based upon the patient's health status. In most cases these visits will be quarterly, during Stage 2 of the program. In some cases more frequent medical visits may be required. A specialist's co-pay will be collect at all physician visits. Follow up labs will be ordered upon the physician's judgment at the patient's insurance- preferred lab location.

Program Overview – Cont'd

Stage III: Continuous Care - (12 months)

- Bi-monthly Sessions for 1 year
- Long-term continuous care where patients are engaged in healthy living.

Medical Monitoring is at the discretion of the physician based upon the patient's health status. In most cases these visits will be at six month intervals, during Stage 3 of the program. In some cases more frequent medical visits may be required. A specialist's co-pay will be collect at all physician visits. Follow up labs will be ordered upon the physician's judgment at the patient's insurance- preferred lab location.

Pharmacotherapy (treatment with medications) is an important component of weight management for some people and may be considered at any time during the program. This may require additional physician visits and/or lab testing.

WASHINGTON UNIVERSITY WEIGHT MANAGEMENT STAFF

~ADMINISTRATION~

Nicole Triefenbach

Program Manager. Nicole became a Nurse in 2004 and has worked in various medical settings. She transitioned to Washington University School of Medicine in 2015. Nicole has a true understanding of the many life issues affected by obesity and is committed to providing our patients with exceptional compassionate care.

~MEDICAL~

Samuel Klein M.D.

Program Founder. Dr. Klein is the William H. Danforth Professor of Medicine, director of the Center for Human Nutrition, director of the Center for Applied Research Sciences, and chief of the Division of Geriatrics and Nutritional Science at Washington University School of Medicine.

Dr. Klein received his medical degree from Temple University School of Medicine in 1979 and a master's degree in nutritional biochemistry and metabolism from the Massachusetts Institute of Technology in 1984.

He completed his residency training in internal medicine and a clinical nutrition fellowship at University Hospital in Boston, National Institutes of Health nutrition and metabolism research fellowship at Harvard Medical School, and a gastroenterology fellowship at The Mount Sinai Hospital in New York. Dr. Klein is board certified in internal medicine, gastroenterology, and nutrition.

Dr. Klein is past-president of The Obesity Society (formerly known as the North American Association for the Study of Obesity), and the American Society for Clinical Nutrition. He was elected to the American Society for Clinical Investigation in 1996 and to the American Association of Physicians in 2008. Dr. Klein's research activities involve the use of stable isotope tracers to study the regulation of substrate metabolism in humans in vivo. His laboratory is particularly interested in the pathophysiology of fat metabolism in obesity.

Susan Reeds, M.D., FACP

Medical Director and Program Physician. Dr. Reeds is Assistant Professor of Medicine at Washington University School of Medicine in St. Louis, MO.

Dr. Reeds received her medical degree from the University of Rochester in upstate New York. She remained in Rochester to complete her residency in internal medicine. She was chosen to stay on in a leadership role as Chief Resident the following year before relocating to St. Louis, MO with her husband.

Dr. Reeds had an internal medicine practice in O'Fallon, MO for 14 years before joining the faculty at Washington University School of Medicine. She became the program physician for the Weight Management Program in 2015.

In her practice, Dr. Reeds treated many overweight and obese patients and treated their associated comorbidities including diabetes, hypertension and hyperlipidemia. Having seen the increasing prevalence of obesity in her practice, she is very interested in the management of obesity and minimizing related complications.

Margo Harrison, RMA III

Registered Medical Assistant. Margo has worked for the Washington University medical community since 2013. She is a key member of an interdisciplinary healthcare team for a busy geriatric medicine practice within the Department of Internal Medicine. She has been consistently praised for her efficiency and for adding "that personal, caring touch". At the Weight Management Program, Margo assists the physicians to ensure that each patient receives excellent care.

Atasia Bland, MA III, PSR

Atasia is new to Washington University but has been in the Medical field since 2009. She is warm, welcoming and attentive to detail. Atasia's role in the Weight Management Program is to welcome patients at the front desk and facilitating patient appointments.

~BEHAVIORAL~

Richard Stein Ph.D.

Behavioral Director. Dr. Stein is an associate professor of medicine. He received his doctorate in clinical psychology from Arizona State University, and completed a fellowship at San Diego State University. He then held an academic appointment at the State University of New York at Buffalo before coming to St. Louis.

Dr. Stein's research and clinical work has focused on developing and conducting treatments for obesity and eating disorders. He has also studied ways to help people make the most of their relationships with friends and family members to support efforts at improving health behaviors.

His work has included individual, group, and family-based approaches, with an emphasis on enjoyable lifestyle changes that can be maintained in the long term.

Suzanne Bell M.S., C.T.R.S.

Behavioral Counselor. Suzanne has been working in behavioral health settings since 1991, as an administrator, client advocate, educator, and therapist. She currently works as the Manager of Volunteer Services for Barnes-Jewish West County Hospital. She also works PRN as a Recreational Therapist for the Rehabilitation Institute of St. Louis with clients who have experienced a variety of neurological, brain, and spinal cord injuries.

Suzanne's approach to group facilitation emphasizes enhancing independent function, introducing leisure resources, and offering hands-on opportunities to practice healthy behaviors. She is outcome-oriented and works on individualized plans to strategize and achieve clients' pursuit of a healthy lifestyle and personal sense of well-being.

Kathy Davis M.S.W., L.C.S.W.

Behavioral Counselor. Kathy is a licensed clinical social worker skilled in-group, individual and family therapy. As a behavioral group leader, she has experience in both inpatient and outpatient settings.

Kathy is currently a treatment coordinator at a local inpatient center where she uses cognitive, behavioral and reality-based techniques. Additionally, she is extremely knowledgeable about the issues of nutrition and weight loss.

Susan Lauter M.S.W., L.C.S.W.

Behavioral Counselor. Susan is a licensed clinical social worker skilled in individual, group, and family therapy in both inpatient and outpatient settings. She received her undergraduate degree in Psychology in 1988 and her Master's Degree in Social Work in 1990 from St. Louis University.

Susan is goal-oriented and works supportively with others to help them achieve optimal outcomes. Additionally, she is knowledgeable about strategies for stress management and healthy living that include exercise and nutrition. Susan is a mental health clinician and currently works as a Care Manager who assists families impacted by autism. She demonstrates a capable and empathetic demeanor in her communications with patients.

~DIETARY~

Beth Taylor D.C.N., R.D.-A.P., L.D., C.N.S.C., F.C.C.M.

Nutritional Director, Registered Dietitian and Certified Nutrition Support Dietitian. Beth received her undergraduate degree from Ball State University in 1984 and her master's degree at St. Louis University in 1990. In addition to working as a dietitian at the Weight Management Program, she has worked in the field of weight management since 1989 and currently works as a member of the Nutrition Support Service at Barnes-Jewish Hospital.

Mary Ellen Beindorff R.D., L.D.

Registered Dietitian. Mary Ellen Beindorff received her Bachelor of Science degree in nutrition from the University of Missouri - Columbia in 1979. Besides working as a registered dietitian at the Weight Management Program, Mary Ellen also works for Barnes-Jewish Hospital specializing in the liver and kidney transplant population. She has led various weight management classes for over 25 years, most recently for post-transplant patients.

PHYSICAL ACTIVITY

Jonty Felsher, PT & Co-Owner of RPI Therapy Services

Physical Therapy. Jonty Felsher was born and raised in Johannesburg, South Africa, and moved to St. Louis in 1993. He received his Bachelor of Science (with honors) from the University of the Witwatersrand in Johannesburg in 1990. Together with Jonathan Gordon, Jonty established RPI Therapy Services in 1997. Jonty has extensive training and experience in manual therapy techniques including manual intramuscular therapy (Trigger Point Dry Needling); Vestibular Rehabilitation and specializes in spinal, orthopedic and neurological problems. Outside of work, Jonty enjoys family time, jogging, gardening, and travel.

Jaime Heede,PT, DPT

Physical Therapy. Jaime received her Doctorate of Physical Therapy degree in May 2017 from Saint Louis University and is currently working at RPI's Covenant House/Creve Coeur location. Jaime's clinical experience includes outpatient orthopedic care, acute care, home health care and pediatric physical therapy. Jaime is comfortable working with patients of all ages, abilities and backgrounds and strives to better the lives of all her patients by assisting them throughout their rehabilitation journey. Jaime is originally from Carmel, Indiana but is now a proud St. Louis City resident and spends her free time exploring the city with family and friends. Jaime also enjoys traveling, baking and all outdoor activities.

BODY MASS INDEX (BMI)

The Washington University Weight Management Program provides leading-edge treatment for medically significant obesity, defined as a body mass index (BMI) of 30 and above (25 and above if medical complications such as diabetes or heart disease are present). The body mass index (BMI) uses your height and weight values to determine whether you are at risk for weight-related health problems such as diabetes, high blood pressure, heart disease, cancer or other medical complications.

Body mass index (BMI) is a measure of body fat based on height and weight that applies to both adult men and women.

Calculating the BMI = Weight (in pounds) multiplied by 704 divided by height (in inches) and divided again by height (in inches)

Body Weight Categories

What Your Score Indicates:

<u>Classification</u>	<u>BMI</u>	<u>Health Risks</u>
Underweight	<18.5	Increased
Normal	18.5-24.9	Normal
Overweight	25.0-29.9	Increased
Obese I	30.0-34.9	High
Obese II	35.0-39.9	Very High
Obese III	40	Extremely High

Additional risks:

- Large waist circumference (men >40 inches, women >35 inches)
- 11 pounds or more weight gain since age 18-20
- Poor aerobic fitness
- Certain races and ethnic groups

Participants of the Weight Management Program are usually at least 40 pounds overweight and have a BMI of >30.

Behavioral Rationale for Product Use

Stimuli Narrowing: Limiting the variety and quantity of available food.

Weight may not always be lost on a 1200-calorie diet. Studies have found that some people may not always measure or record the amount of food eaten accurately. These studies have also shown that the intensity, frequency or duration of physical activity may be overestimated.

Rationale for stimuli narrowing:

- Studies show that the more variety and palatability of food in a meal the higher the calorie intake.
- People eat less when they have fewer food choices because satiety is sensory specific.
- Foods that are highly attractive tend to be eaten in larger amounts.

Rationale to use meal replacements:

- Studies show that it is easier to manage the amounts and types of foods eaten when the food choices are limited.
- Studies also show that people are better able to adhere (stick to) a formula based diet vs. a calorie-restricted diet.
- Liquid formulas and bars are portion controlled with a specific number of calories and are nutritionally complete.
- An additional benefit of providing pre-portioned foods is the ability to estimate accurately the number of calories need when returning to a self-selected meal plan.

The Weight Management Program reinforces keeping food records helps to assist in readjusting perception and reality concerning calories, portions, and food choices over time.

Program Cost - Stage I

Behavioral Assessment	
Behavioral Assessment Consultation with Registered Dietitian; Individualized meal plan	Included in \$150 program fee
Medical Evaluation: <ul style="list-style-type: none"> • History and Physical • EKG • Labs* 	Specialist Co-pay collected; EKG and visit charges submitted to insurance
*Certain baseline labs are required with additional tests at the discretion of the physician. Labs done at insurance-approved location with usual copay/charges per insurance. If you have had labs done elsewhere within the past 3-6 months, these tests may not need to be repeated.	

Program: Stage 1 - Initial Weight Loss Basics

Weekly Program fee: (Due weekly) 20 weeks	\$ 75.00
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Medical Monitoring - most cases visits will be monthly

Meal Replacement Costs:

Varies by brand and meal plan

*studies have shown that individuals using meal replacements in their meal plans spend less money on food than those buying groceries to prepare food and periodically eating out.

Program fees required weekly with or without group attendance

Program Services include:

Weekly weights	Weekly blood pressure
Group Sessions	Material fees
Dietitian Consultations	Weekly medical assistant visits

Medical Monitoring is at the discretion of the physician based upon the patient's health status. A specialist's co-pay will be collect at all physician visits. Follow up labs will be ordered upon the physician's judgment at the patient's insurance- preferred lab location.
 In most cases these visits will be monthly, during ***Stage 1** of the program.
 In most cases these visits will be quarterly, during ***Stage 2** of the program.
 In most cases these visits will be at six month intervals, during ***Stage 3** of the program.
 In some cases more frequent medical visits may be required.

Program: Stage 2 - Sharpening Weight Management Skills

One-time fee 36 weeks (or)	\$ 750.00
2 payments 18 weeks	\$ 400.00

***Medical Monitoring – most cases visits will be quarterly (see above)**

Program: Stage 3 - Continuous Care

	Fees
One-time fee 1 year – 2 visits per month	\$ 260.00

***Medical Monitoring – will be at six month intervals (see above)**

A FEW WORDS ABOUT INSURANCE

Generally, commercial insurance companies have not provided coverage for Weight Management services related to the treatment of obesity.

Fees are collected at time of service.

The Weight Management Program, while maintaining compliance with Medicare guidelines, will send an insurance claim for the *pre-program enrollment initial assessments* to the patient's insurance company. Our pre-program assessments consist of the following:

- ***Initial history & physical and EKG:*** A specialist's co-pay will be collected, and the visit will also be billed to the participant's insurance company.
- ***Initial dietary and behavioral assessments:*** Fees are collected at time of service. A Health Insurance Claim Form (HCFA) will be submitted to the participant's insurance company. If any of the fees are covered by the insurance company, resulting in a refund of some of the payment, we will direct the refund to be issued directly to the patient.
- ***Baseline labs:*** Some standard labs are required, with additional tests at the discretion of the physician. Labs will be drawn at a location approved by the patient's insurance company, with the usual copay/charges per the individual insurance plan.

Weekly program: The Weight Management Program will not bill insurance companies for the weekly program fees and will not provide a HCFA form.

Ongoing labs and physician visits: Ongoing medical monitoring is at the discretion of the physician, based upon the patient's health status. A specialist's co-pay will be collected for all physician visits. Follow-up labs will be ordered based on the physician's judgment, and will be drawn at the patient's insurance-preferred lab location.

If you have Medicare: Currently, Medicare does not pay for services related to obesity alone. Weight loss programs that use supplemental fasting (liquid meal replacements) are not covered by Medicare.

Note: If you have questions about fees and/or insurance, please ask the Program Manager.