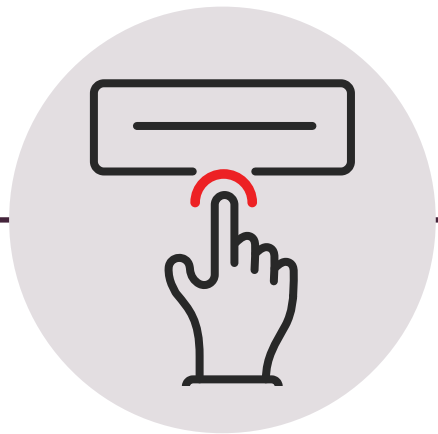
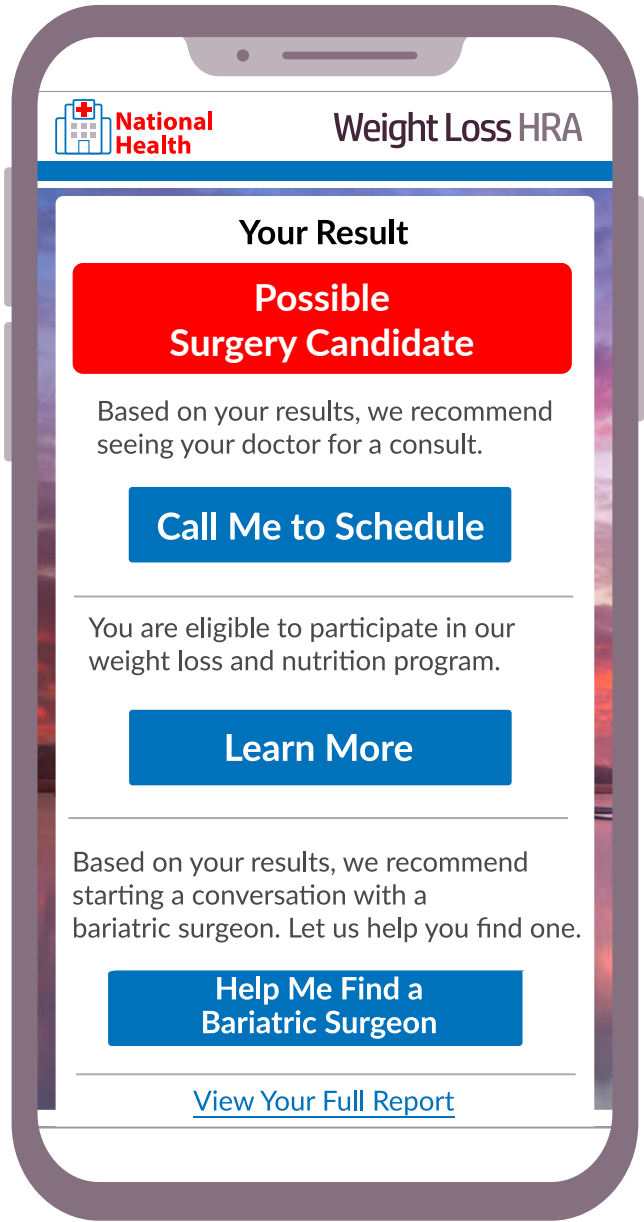




WEIGHT LOSS HRA

GOAL: REFER FOR BARIATRIC SURGERY SEMINARS AND/OR EVALUATION



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Attending an in-person bariatric surgery educational seminar.
- Scheduling an evaluation appointment with the bariatric service line.
- Viewing educational videos or material about bariatric surgery.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and inquire about past attempts to lose weight.
- Explain that weight-loss surgery eligibility depends on many factors which only a doctor can evaluate.
- Encourage a either a seminar or an appointment to review their eligibility for bariatric surgery.



NURTURING

Customize your nurturing content to explain:

- The positive impact even a small weight loss can have on their overall health.
- That weight management plans may include a combination of therapies or behaviors including staying active lowering stress, taking medication, or having surgery.
- The availability of individualized treatment plans for obesity based on their needs and lifestyle.



EDUCATIONAL SEMINARS & EVALUATION

Users with this status are typically ideal candidates for in-person bariatric surgery seminars. These seminars can educate potential surgery candidates of the pros and cons of surgery and key eligibility criteria. Upon completion of a seminar, a user should be evaluated to determine whether or not surgery is appropriate.



POSSIBLE SURGERY CANDIDATE

People in this category have the following body mass index (BMI):

- 40.0 or greater (obesity class 3)
- OR-
- 35.0 to 39.9 (obesity class 2) and a weight-related comorbidity
- OR-
- 35.0 to 39.9 (obesity class 2) and a quality of life that's greatly impacted by their current weight

For the purposes of this recommendation, weight-related comorbidities include the following health conditions:

- High blood pressure or on medication to control hypertension
- Abnormal cholesterol or on medication to control dyslipidemia
- Pre-diabetes, type 2 diabetes, high blood sugar, or on diabetes medication
- Debilitating arthritis
- Asthma
- Obstructive sleep apnea
- Gastroesophageal reflux disease (GERD)
- Severe urinary incontinence
- Obesity-hypoventilation syndrome (OHS)
- Pseudotumor cerebri
- Nonalcoholic liver disease
- Venous stasis disease



EXAMPLE PERSONA

Melanie is 35 years old. Her weight jumped significantly with each of her 3 pregnancies. She's 5'5" and today weighs 287 pounds (obesity class 3).

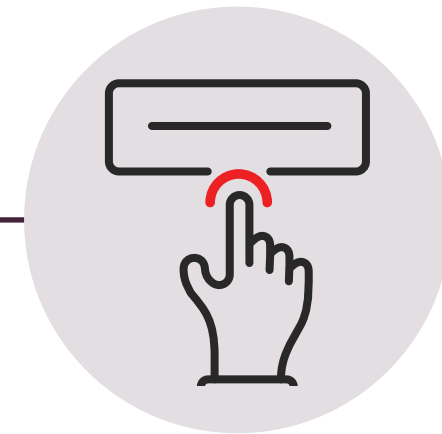
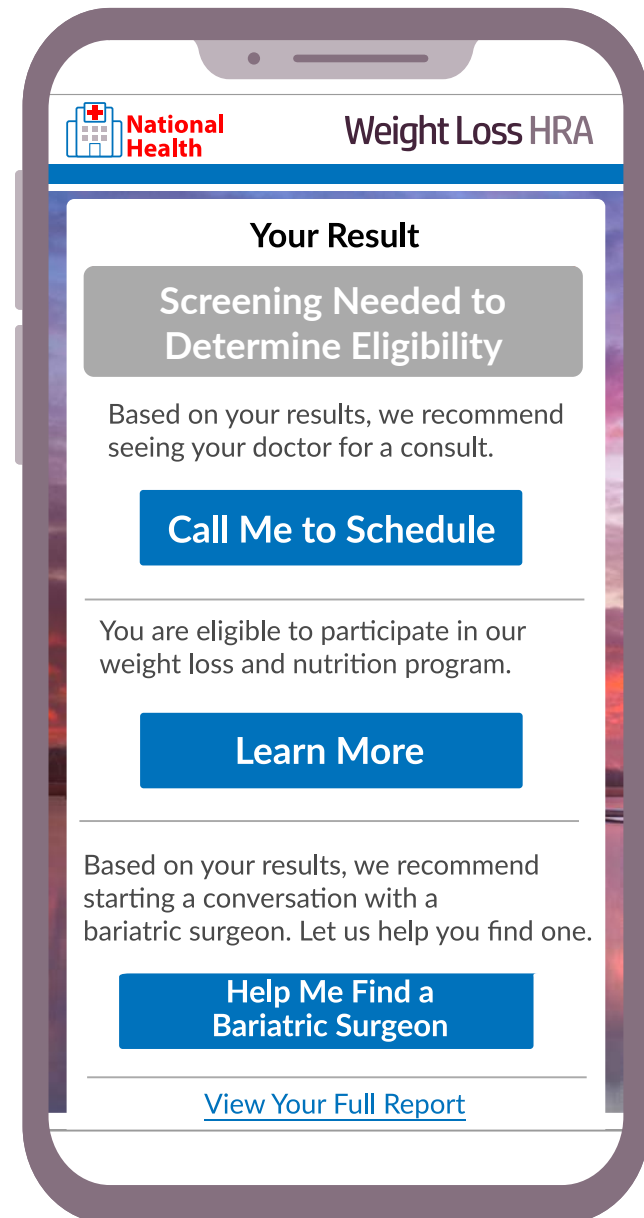
Melanie has type 2 diabetes, obstructive sleep apnea, GERD, and is easily winded with even the slightest physical exertion.

She's been on many different diets throughout the years and has undergone counseling for eating disorders. She is desperate to overcome her weight problem and is seeking a surgical solution.



WEIGHT LOSS HRA

GOAL: REFER TO PRIMARY CARE FOR PHYSICAL EVALUATION



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Scheduling an appointment to determine biometric values (BP, cholesterol, blood sugar).
- Having annual checkups.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and inquire about their routine health-care schedule.
- Explain that weight-loss surgery eligibility depends on many factors which only a doctor can evaluate.
- Encourage an appointment to check biometrics and review eligibility for bariatric surgery (or “metabolic” surgery in the case of people with uncontrolled type 2 diabetes).



NURTURING

Customize your nurturing content to explain:

- The positive impact even a small weight loss can have on their overall health.
- That weight management plans may include a combination of therapies or behaviors, including staying active, lowering stress, taking medication, or having surgery.
- The availability of individualized treatment plans for obesity based on their needs and lifestyles.



PRIMARY CARE FOLLOW-UP

- BMI of 30.0 or higher (weight management services).
- Uncontrolled type 2 diabetes (endocrinology).
- Quality of life greatly impacted by weight (mental health evaluation).
- Smoking or low weekly exercise (behavior-specific programs).



SCREENING NEEDED TO DETERMINE ELIGIBILITY

People in this category have the following body mass index (BMI):

- 35.0 to 39.9 (obesity class 2) with no known weight-related comorbidities and at least one unknown biometric (blood pressure, cholesterol, or blood sugar)
- OR-
- 30.0 to 34.9 (obesity class 1) with uncontrolled type 2 diabetes, defined as blood sugar outside the doctor-recommended range while taking medication to control. This result is based on a 2017 recommendation from the 2nd Diabetes Surgery Summit DSS-II) that people with uncontrolled type 2 diabetes be offered “metabolic surgery.”

For the purposes of this recommendation, weight-related comorbidities include the following health conditions:

- High blood pressure or on medication to control hypertension
- Abnormal cholesterol or on medication to control dyslipidemia
- Pre-diabetes, type 2 diabetes, high blood sugar, or on diabetes medication
- Debilitating arthritis
- Asthma
- Obstructive sleep apnea
- Gastroesophageal reflux disease (GERD)
- Severe urinary incontinence
- Obesity-hypoventilation syndrome (OHS)
- Pseudotumor cerebri
- Nonalcoholic liver disease
- Venous stasis disease



EXAMPLE PERSONA

Jake is a 47-year-old man who drives a truck for a living. Other than his growing waistline, he considers himself to be in relatively good health. However, he hasn't been to the doctor in many years, and he doesn't remember ever having his blood sugar tested.

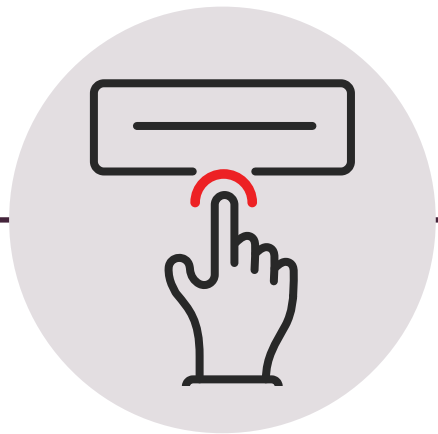
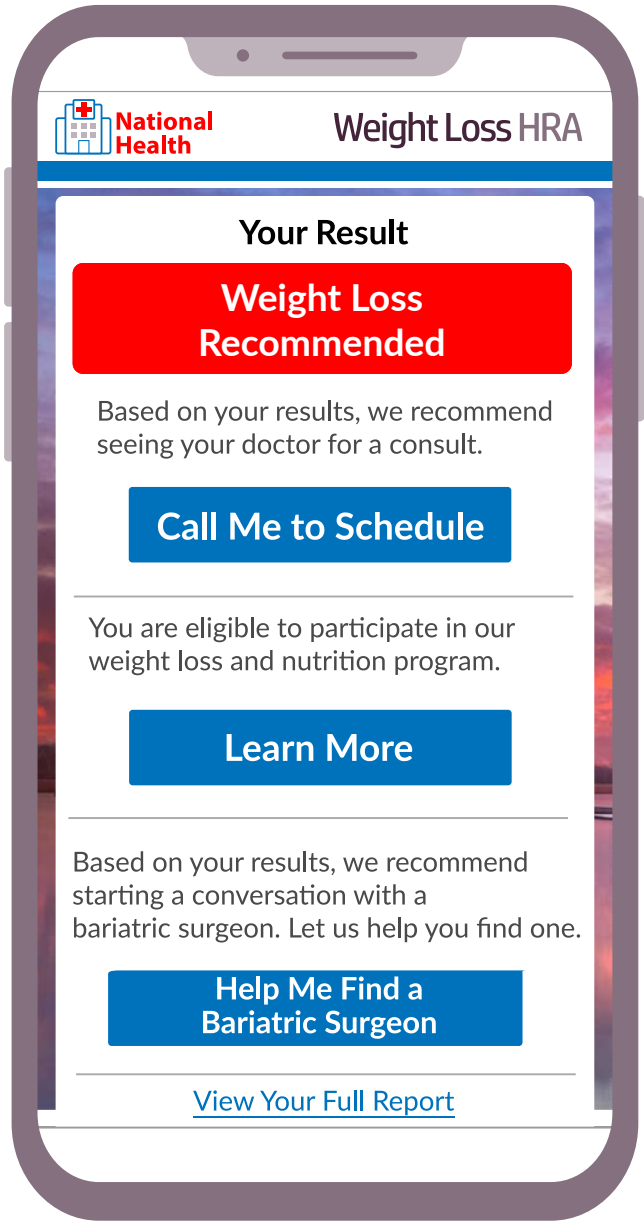
Jake's weight is pretty evenly distributed over his 5'10" frame, so he was somewhat surprised to learn that—at 250 pounds—he's considered “obese” (obesity class 2). His quality of life is slightly impacted by his weight, as it affects his overall activity level and stamina on long hauls.

Jake is determined to return to his school-era weight, so he's looking at available weight-management options and is curious about a surgical solution.



WEIGHT LOSS HRA

GOAL: REVIEW LIFESTYLE RISK FACTORS DURING REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Having annual checkups.
- Scheduling an appointment.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and discuss their weight-loss recommendation.
- Encourage sharing their results with their primary care physician at their next visit.



NURTURING

Customize your nurturing content to explain:

- The positive impact even a small weight loss can have on overall health.
- The availability of individualized weight-loss plans based on needs and lifestyles.
- The importance of watching their waistline in addition to their weight.



PRIMARY CARE FOLLOW-UP

Refer people with the following profiles to other services lines, as appropriate:

- BMI of 25.0 to 29.9 and at least one weight-related comorbidity -or- an increased waist circumference (weight management services).
- Quality of life greatly impacted by weight (mental health evaluation).
- Smoking or low weekly exercise (behavior-specific programs).



WEIGHT LOSS RECOMMENDED

People in this category have the following body mass index (BMI):

- 25.0 to 34.9 (overweight or obesity class 1) with at least one weight-related comorbidity
- OR-
- 25.0 to 34.9 (overweight or obesity class 1) with a large waist circumference and a quality of life that's greatly impacted by their current weight

In addition to assessing possible eligibility for weight-loss surgery, this assessment determines if weight loss is recommended according to the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults.

People with obesity who don't meet the criteria for weight-loss surgery are recommended to lose weight. Individuals with overweight are recommended to lose weight or to avoid additional weight gain based on published guidelines.

Those in the healthy weight and underweight ranges are told that weight loss is not recommended. They are urged to talk to a health care professional about the impact their weight has on their overall quality of life.



EXAMPLE PERSONA

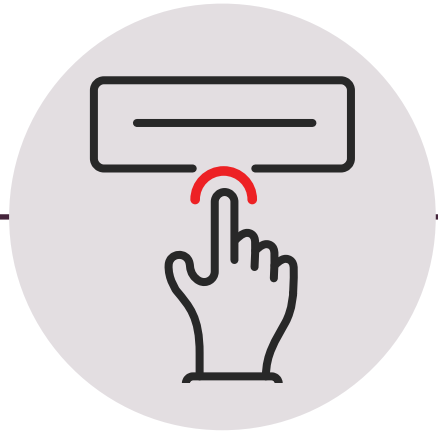
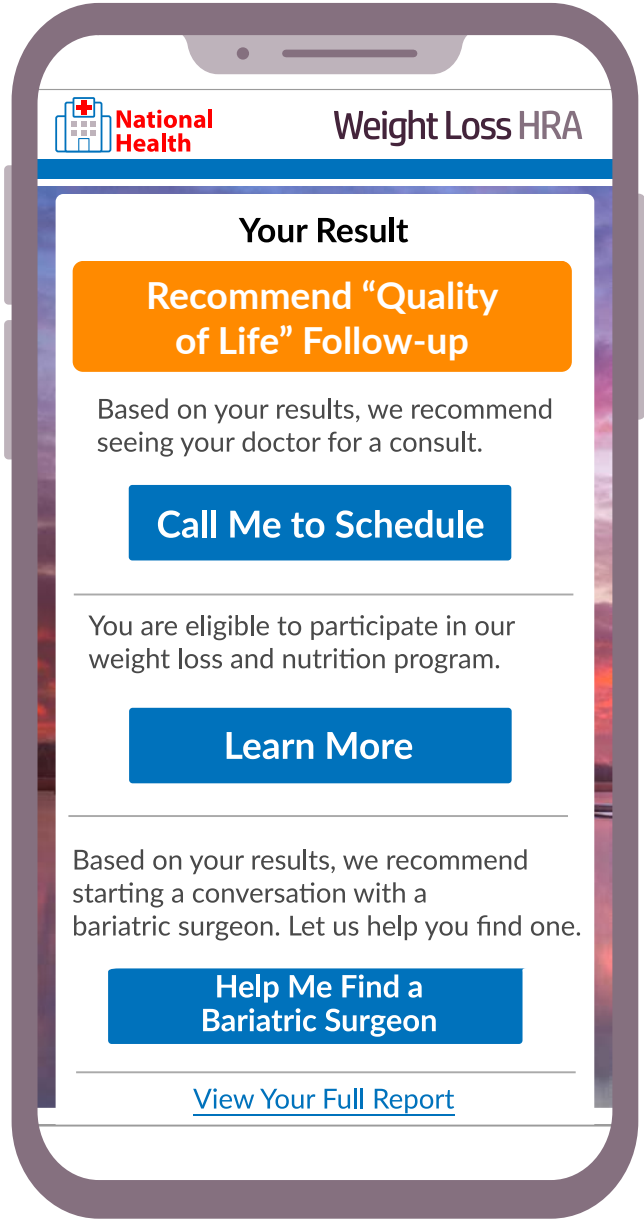
Katie is a 53-year-old Asian woman who has steadily gained weight since going through menopause 5 years ago. At 5'2" and 165 pounds and with a waist circumference greater than 31", she's in the obesity weight range.

Katie didn't have weight problems before menopause. All of her attempts at weight loss have failed so far. She's active and healthy by all standard measures. Katie feels as though her weight is out of control. She's hopeful that weight-loss surgery will be a long-term solution.



WEIGHT LOSS HRA

GOAL: REVIEW LIFESTYLE RISK FACTORS DURING REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Having annual checkups.
- Scheduling an appointment.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and discuss their weight-loss recommendation.
- Encourage sharing their results with their primary care physician at their next visit.



NURTURING

Customize your nurturing content to explain:

- The positive impact even a small weight loss can have on overall health.
- The availability of individualized weight-loss plans based on needs and lifestyles.
- The importance of watching their waistline in addition to their weight.



PRIMARY CARE FOLLOW-UP

Refer people with the following profiles to other services lines, as appropriate:

- BMI of 25.0 to 29.9 and unknown biometrics (weight management services).
- Quality of life greatly impacted by weight (mental health evaluation).
- Smoking or low weekly exercise (behavior-specific programs).



RECOMMEND “QUALITY OF LIFE” FOLLOW-UP

People in this category have the following body mass index (BMI):

- 25.0 to 29.9 (overweight) and a quality of life that’s greatly impacted by their current weight

People in this category may or may not know their cholesterol, blood pressure or fasting blood sugar numbers.

In addition to assessing possible eligibility for weight-loss surgery, this assessment determines if weight loss is recommended according to the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults.

People with obesity who don’t meet the criteria for weight-loss surgery are recommended to lose weight. Individuals with overweight are recommended to lose weight or to avoid additional weight gain based on published guidelines.

Those in the healthy weight and underweight ranges are told that weight loss is not recommended. They are urged to talk to a health care professional about the impact their weight has on their overall quality of life.



EXAMPLE PERSONA

Richard is a 65-year-old Caucasian male who is overweight (6’1” and 215 pounds). He hasn’t seen a doctor in over 2 years and he no longer knows his blood pressure or cholesterol numbers.

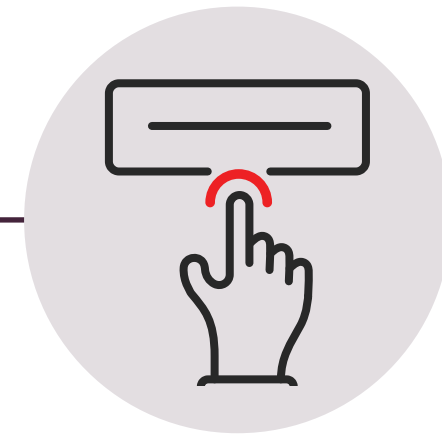
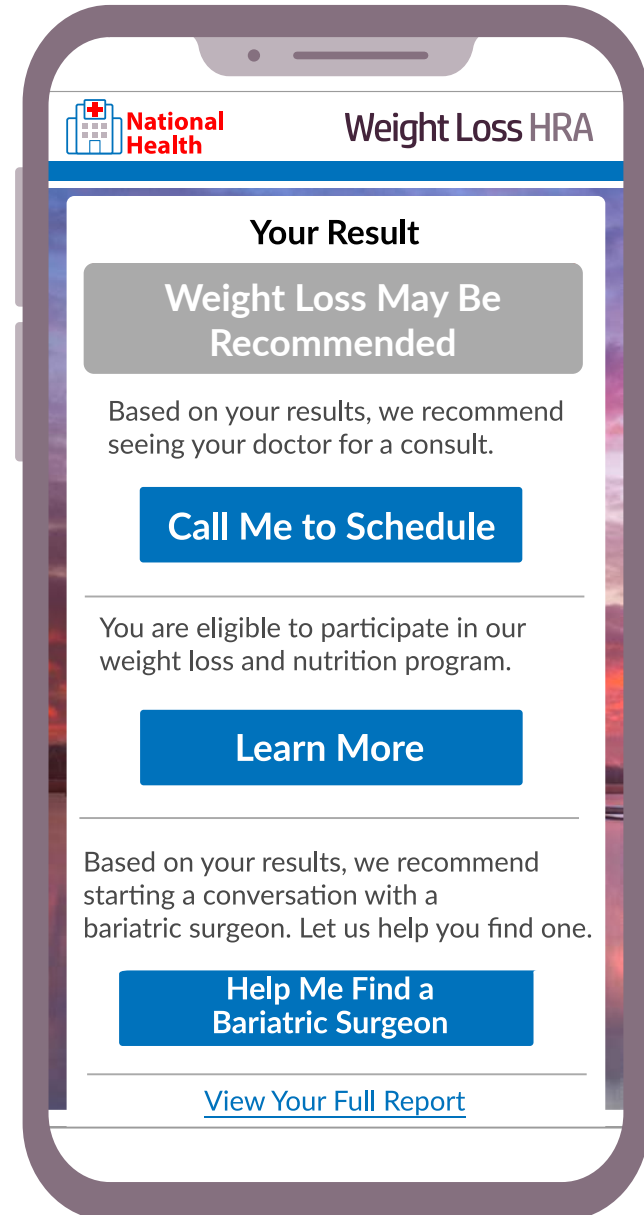
Recently Richard has complained that his weight is affecting his ability to play with his grandchildren and go on walks with his wife.

David took this assessment to see if surgery could help him regain his quality of life. He learned he should schedule an appointment with his doctor to help him meet his weight-loss goals.



WEIGHT LOSS HRA

GOAL: REVIEW LIFESTYLE RISK FACTORS DURING REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Having annual checkups.
- Scheduling an appointment.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and discuss their weight-loss recommendation.
- Encourage sharing their results with their primary care physician at their next visit.



NURTURING

Customize your nurturing content to explain:

- The positive impact even a small weight loss can have on overall health.
- The availability of individualized weight-loss plans based on needs and lifestyles.
- The importance of watching their waistline in addition to their weight.



PRIMARY CARE FOLLOW-UP

Refer people with the following profiles to other services lines, as appropriate:

- BMI of 25.0 to 29.9 and unknown biometrics (weight management services).
- Quality of life greatly impacted by weight (mental health evaluation).
- Smoking or low weekly exercise (behavior-specific programs).



WEIGHT LOSS MAY BE RECOMMENDED

People in this category have the following body mass index (BMI):

- 25.0 to 29.9 (overweight) with no quality of life impact

People in this category did not know their cholesterol, blood pressure or fasting blood sugar numbers.

In addition to assessing possible eligibility for weight-loss surgery, this assessment determines if weight loss is recommended according to the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults.

People with obesity who don't meet the criteria for weight-loss surgery are recommended to lose weight. Individuals with overweight are recommended to lose weight or to avoid additional weight gain based on published guidelines.

Those in the healthy weight and underweight ranges are told that weight loss is not recommended. They are urged to talk to a health care professional about the impact their weight has on their overall quality of life.



EXAMPLE PERSONA

Ramira is a 55-year-old African American woman who has been overweight most of her adult life, despite several attempts at dieting. At 5'5" and 168 pounds, her current BMI is 28.0. She does not know her blood pressure, cholesterol or blood sugar numbers and is worried her weight may be harming her overall health.

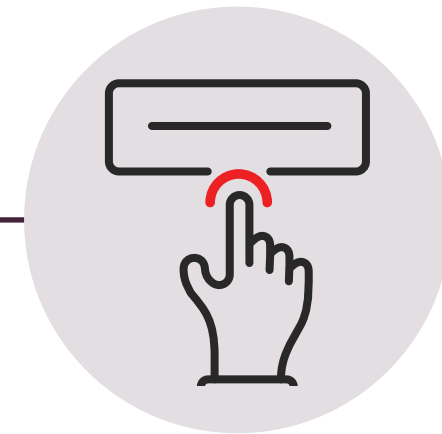
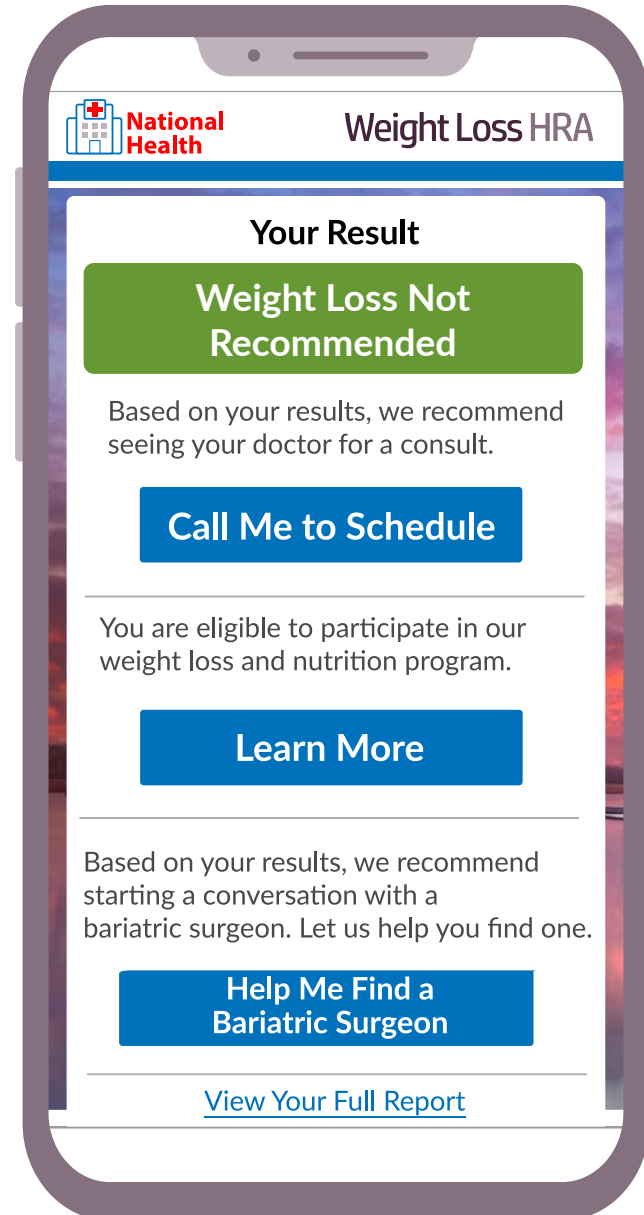
Ramira does not feel her weight significantly affects her quality of life but took this assessment because she was curious to see if surgery was an option for her.

Ramira learned she is not likely a surgery candidate, but that she should schedule an appointment with her doctor and learn her "numbers." She plans to ask about other healthy ways she can manage her weight.



WEIGHT LOSS HRA

GOAL: REVIEW LIFESTYLE RISK FACTORS DURING REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Having annual checkups.
- Scheduling an appointment.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and discuss their weight-loss recommendation.
- Encourage sharing their results with their primary care physician at their next visit.



NURTURING

Customize your nurturing content to explain:

- The positive impact even a small weight loss can have on overall health.
- The availability of individualized weight-loss plans based on needs and lifestyles.
- The importance of watching their waistline in addition to their weight.



PRIMARY CARE FOLLOW-UP

Refer people with the following profiles to other services lines, as appropriate:

- BMI of 25.0 to 29.9 (weight management services).
- Quality of life greatly impacted by weight (mental health evaluation).
- Smoking or low weekly exercise (behavior-specific programs).



WEIGHT LOSS NOT RECOMMENDED

People in this category have the following body mass index (BMI):

- 25.0 to 29.9 (overweight) with no other weight-related risk factors or quality of life impact
- OR-
- less than 25.0 (healthy weight or underweight). They may or may not report quality of life impact

In addition to assessing possible eligibility for weight-loss surgery, this assessment determines if weight loss is recommended according to the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults.

People with obesity who don't meet the criteria for weight-loss surgery are recommended to lose weight. Individuals with overweight are recommended to lose weight or to avoid additional weight gain based on published guidelines.

Those in the healthy weight and underweight ranges are told that weight loss is not recommended. They are urged to talk to a health care professional about the impact their weight has on their overall quality of life.



EXAMPLE PERSONA

Marc is a 28-year-old Hispanic male who recently lost over 50 pounds. At 5'11", his current weight is 170 pounds, putting him into the healthy weight category (BMI=23.7).

Due to his history of obesity, Marc was curious to learn if his current BMI was healthy or if he should continue to lose weight.

Marc took the assessment and was pleased to learn that he should maintain his current weight. He planned to schedule his yearly physical and discuss with his doctor how best to stay healthy.