Bridging knowledge and compassion: Academic detailing for obesity management rooted in evidence and empathy

Silvana Ferrara, BScPhm

Academic Detailer

Centre for Effective Practice

Toronto, Ontario

Disclosure statement

Silvana Ferrara, BScPhm

- Employee of the Centre for Effective Practice
- Received free registration for this conference
- No other conflicts of interest

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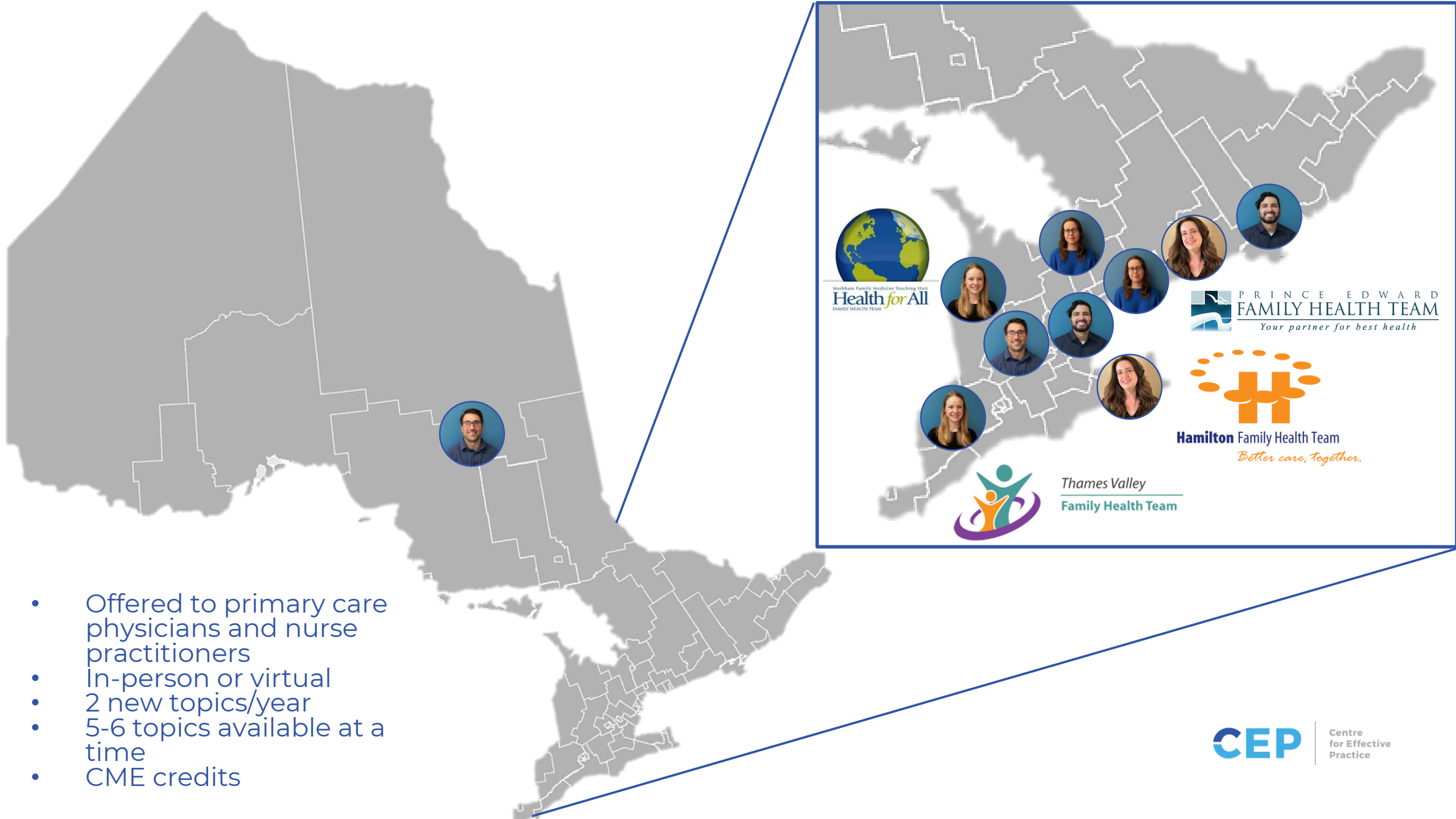

- Offered to primary care physicians and nurse practitioners
- In-person or virtual
- 2 new topics/year
- 5-6 topics available at a time
- CME credits

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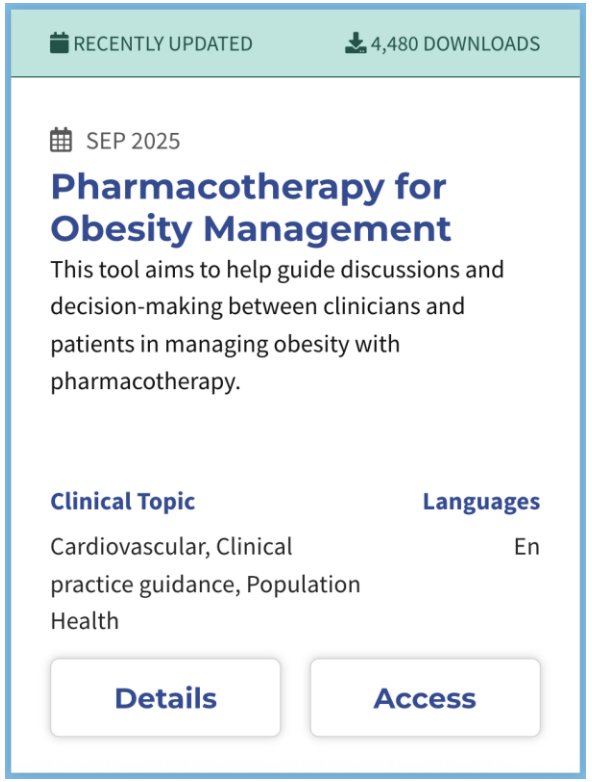
How it began...

Bridging the knowledge gap: Pharmacotherapy for Obesity

Obesity is a complex, multifactorial chronic disease with profound impacts on morbidity, mortality, and healthcare costs.

Despite the growing evidence base and new pharmacologic treatment options, optimal management in primary care remains hindered by therapeutic inertia, stigma, bias and limited provider familiarity.

To address these challenges, the Centre for Effective Practice (CEP) developed a Pharmacotherapy for Obesity Management tool and academic detailing initiative to support primary care physicians and nurse practitioners, with empathy positioned as a clinical imperative.



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Share your thoughts

Imagine you're a clinician enjoying lunch at your favorite fast-food restaurant. You see a person with obesity walk in.

What's your first thought?

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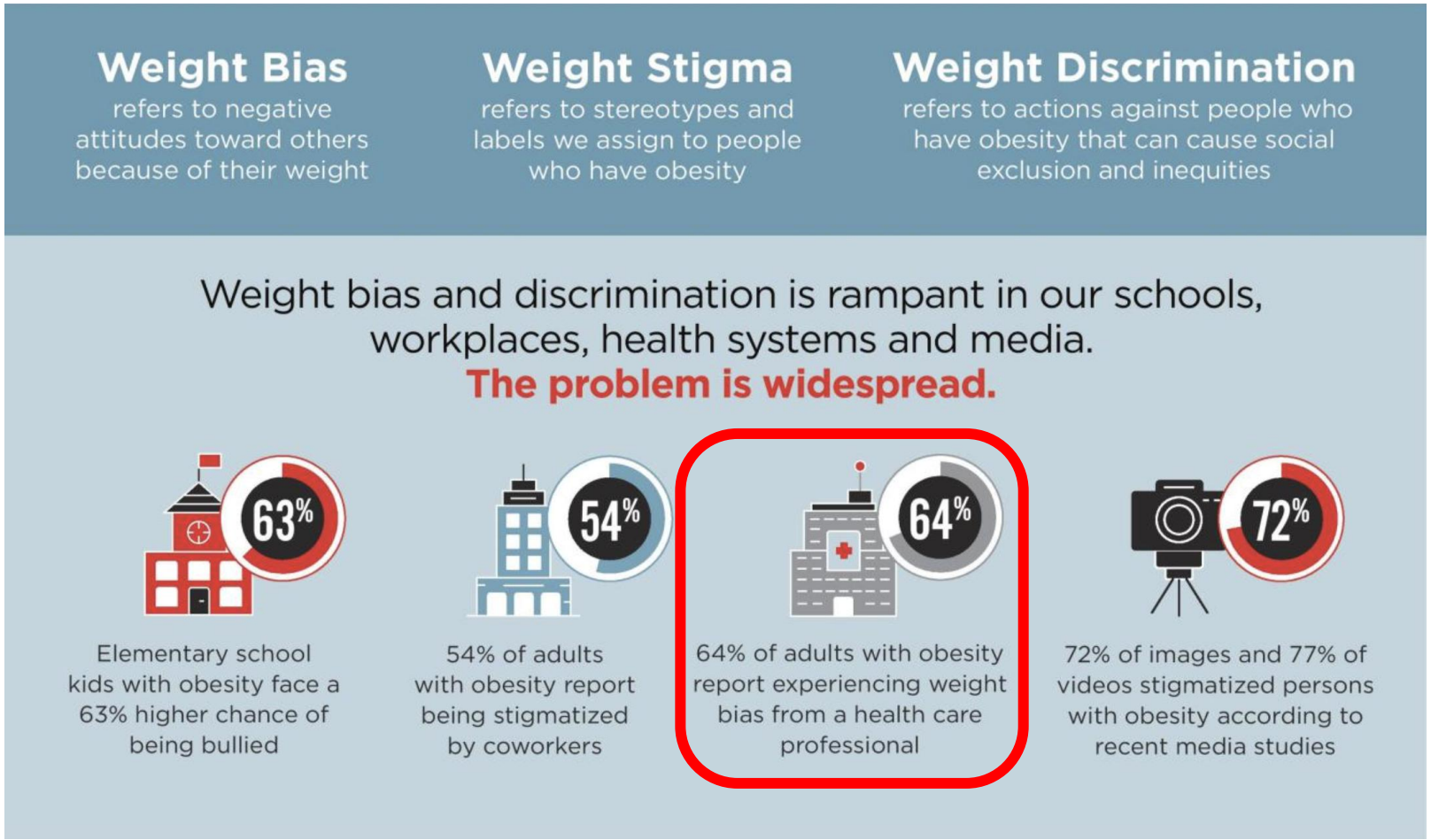
Weight bias and stigma and a thoughtful approach to our topic



https://obesitycanada.ca/oc-news/consensus-statement-obesity-care-vs-weight-loss/

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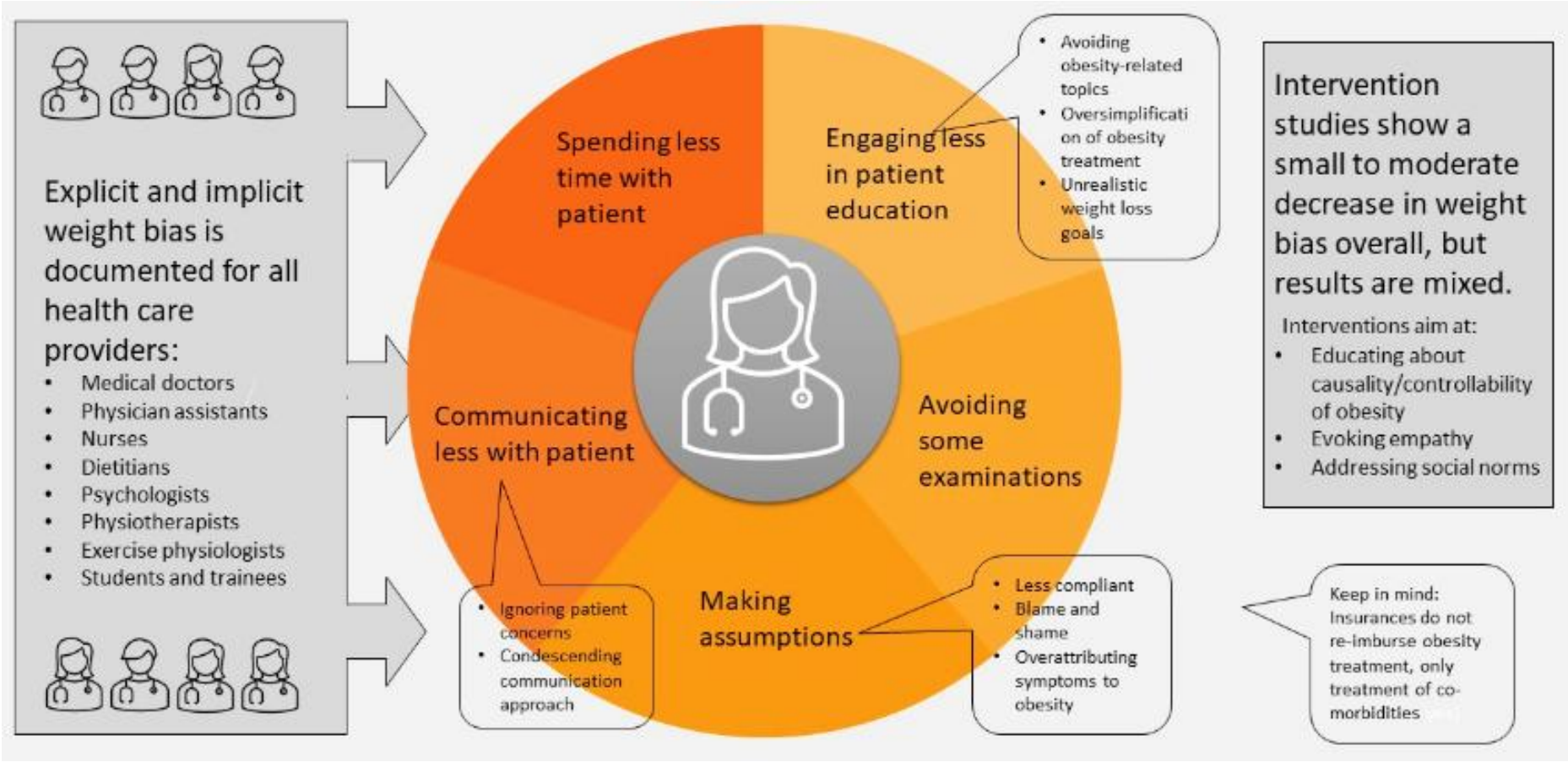
Weight bias affects both patients and healthcare providers



https://pressbooks.nebraska.edu/nutr251/chapter/down-the-wrong-path-weight-stigma-and-discrimination/

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Poll time!

Have you or someone close to you ever faced weight bias or stigma in health care?

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Involving people with lived experience in tool development

What we heard...

- “If I can't manage this part of my life, then people may not take me as seriously, or think I’m not competent or capable of doing other things. It’s definitely had an impact in my confidence and self-esteem.”
- “Everyone deserves respectful treatment and to be treated with the same dignity and respect as anyone else in healthcare. And I think a lot of us experience weight bias and stigma in healthcare, some of that is internalized bias, which can create healthcare avoidance.”
- “A history of unkind experiences might influence how people interact with their health care providers and office staff.”
- “It’s important for healthcare providers to make sure people with obesity understand that they are worthy, that they deserve care and treatment and support and they deserve to be treated like any other human.”
- “Because of my own negative self talk and the lack of self-confidence, I really value the encouragement from my healthcare provider in terms of my ability to be able to do this work and that it is worth it and I'm worth it. And that there's no negative stigma coming towards me from my primary care provider.”

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Poll time!

Five medications are currently approved for obesity management in Ontario. How many drugs do you think are covered by our provincial drug plan?

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Unique challenges: Systemic barriers

- Despite increasing recognition of obesity as a chronic disease, pharmacologic treatments remain uncovered by Ontario's provincial drug plan.
- The most prescribed obesity medications range in cost from $1250-$2645 for a 3-month supply.

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Developing our tool and academic detailing topic

Bridging the knowledge gap

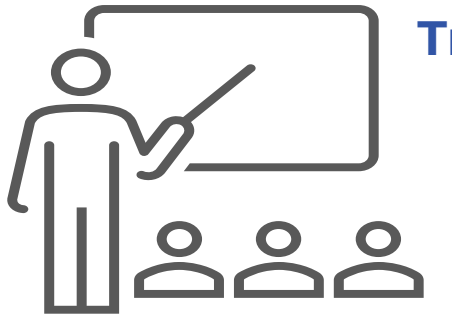
Our team conducted a comprehensive literature review, environmental scan, and workflow interviews to identify current guidelines, existing resources, and practice gaps in obesity management. This research informed three key messages:

1. Conduct a comprehensive assessment of overweight and obesity and assess the patient's readiness for change and eligibility for pharmacotherapy, taking into account shared decision-making.
2. Initiate pharmacotherapy in conjunction with behavior-based interventions or health-behaviour changes, considering the patient's context and goals for treatment.
3. Monitor patient response to treatment based on shared goals of therapy and optimize, switch or add to an existing regimen when needed.

Developing our tool and academic detailing topic

Bridging the knowledge gap

- Our team developed the Pharmacotherapy for Obesity Management tool in collaboration with a multidisciplinary topic expert group including family physicians, nurse practitioners, individuals with lived experience, and stakeholders. Academic detailers were also engaged throughout the development process.
- Alongside tool development, our academic detailers received in-depth training on this topic through independent literature review, webinars, and a two-day in-person workshop co-led by a family physician lead. The clinical tool and academic detailing topic became freely available in October 2024.



Training

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Developing our tool and academic detailing topic

Addressing weight bias and stigma

In addition to clinical guidance on management of obesity using pharmacotherapy, the tool provides guiding principles and scripted suggestions for engaging patients in non-stigmatizing, respectful conversations, including:

- ✓ Self-reflection on provider bias
- ✓ Recognition of internalized weight bias among patients
- ✓ Consideration of cultural and socioeconomic contexts
- ✓ Use of non-judgemental language and consent-based discussions
- ✓ Reflect on their own attitudes toward obesity and recognize the potential impact of weight bias on patient behaviour and outcomes

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Developing our tool and academic detailing topic

Addressing weight bias and stigma

Within the tool, health care providers are encouraged to:

- ✓ Evaluate their attitudes (and those of clinic staff) towards obesity and recognize that weight bias can affect patient behaviour and outcomes.
  - ➢ Resources were provided to assess and address weight bias (e.g., Harvard Implicit Test, Ontario Dieticians in Public Health)
- ✓ Avoid using judgmental words, images, and practices with patients living with obesity.
  - ➢ Person-first language: “People living with obesity”, not “Obese people”
- ✓ Avoid assuming a patient’s ailment or complaint is related to their body weight.
- ✓ Create a weight-friendly practice
  - ➢ Examples: Sturdy armless chairs, extra-large sized gowns, scales over 350 lbs, appropriate posters/images that are not stigmatizing
- ✓ Use the 5As approach
  - ➢ Ask permission to discuss weight

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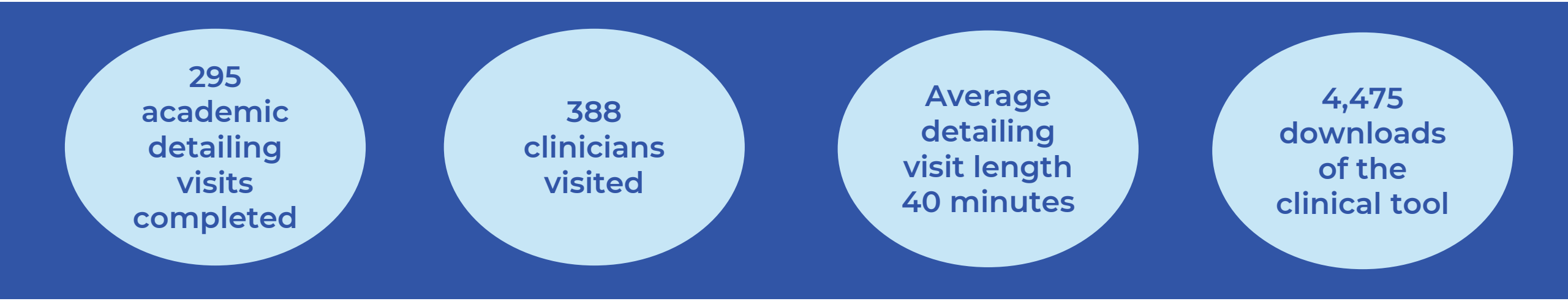
How it's going: Academic detailing success!



Pharmacotherapy for Obesity Management was CEP's 13th academic detailing topic and had the most rapid uptake since before the COVID-19 pandemic!

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What we've learned

Key barriers identified during training and visits were:

- Cost of obesity medications
- Unrealistic patient expectations about medication outcomes
- Medication side effects
- Internalized weight bias in people living with obesity
- Provider attitudes and beliefs about obesity

Resources and information provided to address these included:

- Cost saving programs
- CEP's GLP1 patient handout and obesity medication table
- 5 A's Framework for Obesity Management in Adults
- Harvard Implicit Test and Ontario Dieticians in Public Health
- Obesity Canada's People First Language

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What we've learned

Looking Forward...

- **This topic exposed layered biases and stigma at the patient, clinician and systemic level**. This reinforces the critical role of academic detailing in translating evidence into compassionate, actionable practice, especially when combined with a commitment to empathy and behaviour change.
- **The success of these initiatives underscored the importance of integrating voices of lived experience in the development of primary care resources and academic detailing**. We will continue this approach in future topics to ensure relevance, empathy and patient-centered care.

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Questions?

Silvana Ferrara, BScPhm
silvana.ferrara@cep.health