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Current Obesity Management Practices since the Advent of Novel GLP-1 Receptor Agonists: Identifying Unmet Needs at Academic Centers

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Background and Purpose

- Over 50% of the US population is projected to suffer from obesity by 2030[1–4]
- Novel glucagon-like peptide 1 receptor agonists (GLP-1 RAs) are transforming the obesity management paradigm
- Primary care providers (PCPs) are the first line clinicians in the management of obesity
- There is limited data describing the current clinical practices of PCPs and their overall approach to obesity

Purpose

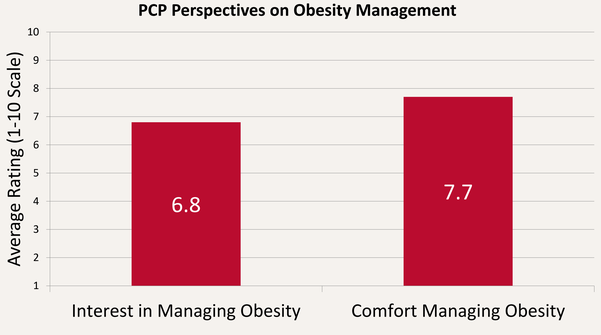
The objective of this study is to explore how the obesity management practices of PCPs have been impacted by GLP-1 RAs.

Study Design and Methods

- This is a qualitative descriptive study
- PCPs within a single regional hospital network were requested for semi-structured interviews via Zoom
- Interviews were de-identified, transcribed verbatim, and coding was completed by three independent researchers
- Data was analyzed using thematic analysis

Results

- The preliminary cohort includes 6 participants
- 4 physicians (MD), 1 nurse practitioner (NP), and 1 physician assistant (PA) were interviewed
- PCP experience ranged from 6-29 years in practice



Major themes identified from cohort:

PCP Comfort with GLP-1 RAs

- PCPs had up-to-date knowledge of current GLP-1 RA prescribing practices
- There was variability among providers as far as follow-up for dose titration and symptom monitoring

GLP-1 RAs as First-Line Therapy

- Amongst medical therapies, most PCPs utilize GLP-1 RAs in preference over other weight loss medications
- This decision was often driven by perceived efficacy and side effect profiles

Insurance-Driven Prescribing

- The primary determination for whether PCPs utilize GLP-1 RAs often comes down to insurance coverage and cost

Surgery as Last Resort

- Surgery was often not discussed in initial obesity consultations
- PCPs identified patient stigma as a significant factor working against surgical referrals
- Surgical referral was often only considered after exhaustion of medical therapies

Barriers to Treatment

- Most PCPs identified inadequate staffing to manage prior authorizations for medications
- The busy schedules of providers often limited the length of obesity related discussions

Need for Standardized Pathways

- There was no standardization in providers' approach to obesity care
- Most providers believed there would be benefits to system wide protocols for management and referral

Conclusions and Continuations

- 6 major themes were identified through analysis of the interviews
- All themes described current clinical practices of PCPs within the system and identified areas of strength and areas needing improvement
- While most PCPs had interest in and felt comfortable managing obesity, they face challenges that preclude them from delivering optimal care to patients

Moving Forward

- This preliminary work provides foundational data on how providers are currently managing obesity and their use of GLP-1 RAs
- As there was significant variation in clinical practices, increasing the cohort size will help to capture a greater breadth of our providers
- The findings of this study may help to guide future innovation in how our system delivers obesity care

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