

Comprehensive Obesity Management: Your One-Stop Shop

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Disclosures

- None to report



Overview

- Why
- How
- Who
- What
- When



Why do we need multidisciplinary care?

- Any chronic, relapsing disease needs all modes of treatment available
- Cancer
- Cardiovascular disease
- Diabetes
- Obesity



Why do we need multidisciplinary care?

- We have the expertise to guide patients ethically
- We are competing against **APATHY**, not against each other
- We have to work together to move the cultural needle



Why do we need multidisciplinary care?

- Increasing numbers of patients:
 - With BMI >50...>60...>70...and beyond
 - Returning post-surgery with refractory weight recurrence
 - Who have tried but are intolerant to current-generation AOMs
 - With significant GERD and/or gastroparesis



How do we start?

- Assess current:
 - Scope of services
 - S/W/O/T
 - Overlapping services
 - Community needs
 - Gaps in care
 - Opportunities for collaboration



Who do we need?

- Identify Medical / Surgical leadership
- Establish Multi-Disciplinary Team
 - Physician(s)
 - Surgeon(s)
 - Behavior health
 - Dietitian(s)/Nutritionist(s)
 - Support Staff
- Facilitate integration of team members
 - Co-locate if/when possible
 - Develop **unity of goals** for team/team members

Semaglutide
 FDA Approved medication. You can lose up to 20% of your total body weight in as little as three months.
Get Started Today
 MEDSHAPE Weight Loss Clinic, LLC
 Maple Grove, MN
 763-494-4300

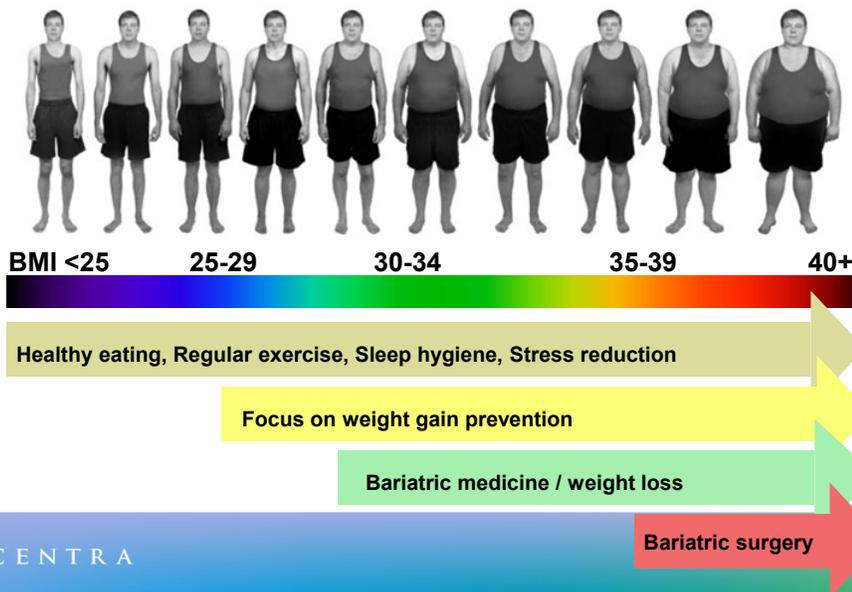


How do we start? A shared vision

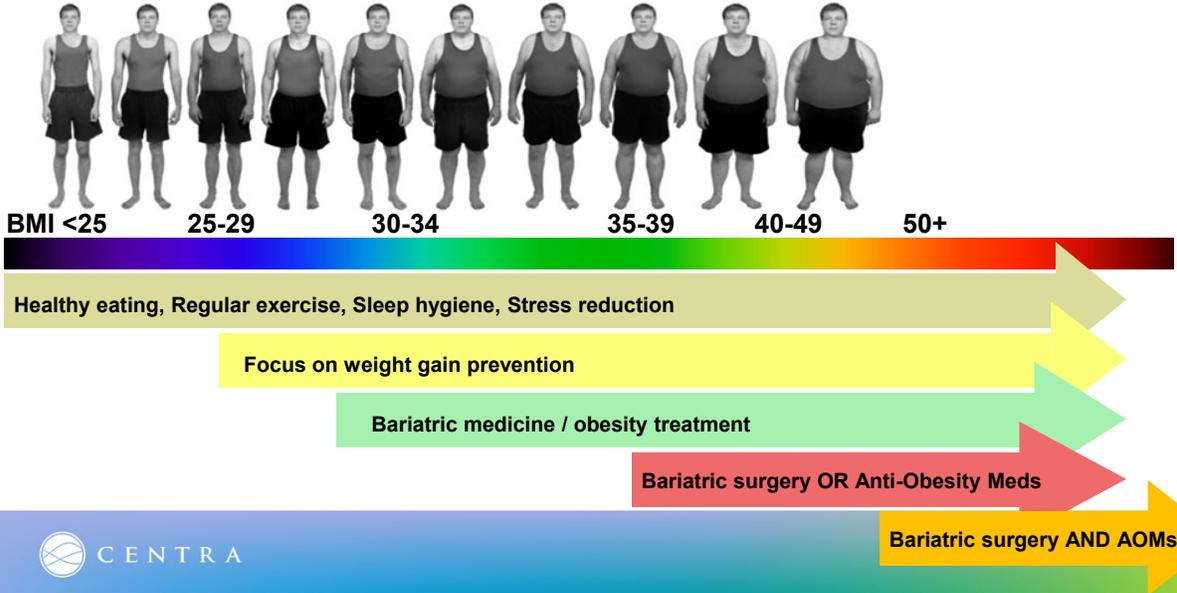
- Develop objectives for an integrated program, e.g.:
 - Improved patient **outcomes**
 - **Access** to care
 - Patient **education and support** goals
 - Streamlining **referral process** between programs
- Coordinate Patient Care
 - Create comprehensive **care pathway** from initial evaluation through long-term follow-up
 - Determine criteria for **patient selection**
 - Develop **protocols for transitioning** between medical and surgical interventions



How do we start? A shared vision



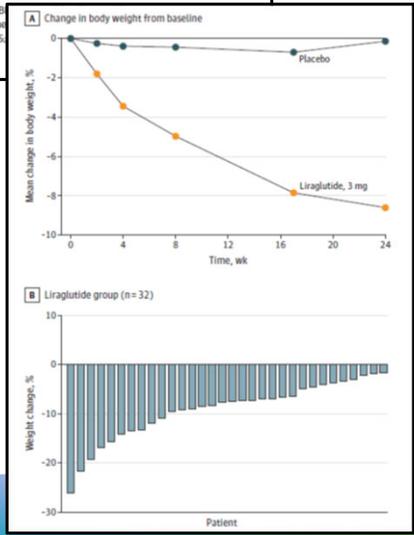
How do we start? A shared vision



JAMA Surgery | Original Investigation
Safety and Efficacy of Liraglutide, 3.0 mg, Once Daily vs Placebo in Patients With Poor Weight Loss Following Metabolic Surgery
 The BARI-OPTIMISE Randomized Clinical Trial

Jessica Mok, MBBS, MPhil; Mariam O. Adeleke, PhD; Adrian Brown, PhD; Cormac G. Magee, MB; Christiwishes Makahamadze, MRes; Friedrich C. Jassil, PhD; Parastou Marvasti, PhD; Alesia Carne; Mohamed Elkalaawy, MRCSed, MS, MD; Andrea Pucci, MD, PhD; Andrew Jenkinson, MBBS, MS; Rachel L. Batterham, MBBS, PhD; Janine Makarionidis, MBChB, PhD

- Randomized, placebo-controlled, double-blind trial
- Liraglutide 3.0 in patients after mostly sleeve, with weight recurrence
- 24 weeks: ~9% body weight loss



What can I do to make it work? Bariatric Surgeons

- Work to understand the medical side: CME, OMA resources
- Consider ABOM certification
- Ask ?s and learn from your medical colleagues



What can I do to make it work? Obesity Medicine Doc

- Work to understand the surgical side
- Come visit the OR. Come make hospital rounds!
- Come speak at support group: see the successes and struggles.



When should we do this?

- Anything new seems intimidating...until you've done it



“A man may do an immense deal of good, if he does not care who gets the credit for it.”

Father Strickland, S.J. 1863



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