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From Weight Loss to Health Gain: Celebrating the Strength of the Integrated Health Team:

What Does Integrated Care Look Like?

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Role of Integrated Care in Obesity Managment

Obesity Redefined to Support the Evidence

Then…

"Obesity is defined by a BMI of ≥ 30 kg/m^2

Now…

"Obesity is a complex chronic disease in which abnormal or excess body fat (adiposity) impairs health, increases the risk of long-term medical complications and reduces lifespan."

The new Canadian Adult Obesity Clinical Practice Guidelines call for a shift in the obesity treatment paradigm, **focusing on patient centric care,** moving away from "eat less and move more", and advocating for HCPs to focus on a patient's overall health and experience rather than solely on their weight, to determine the root causes of obesity.

- BMI, body mass index.

Brown J, et al. Canadian Adult Obesity Clinical Practice Guidelines: Medical Nutrition Therapy in Obesity Management. Available from: https://obesitycanada.ca/guidelines/nutrition. Accessed August 10, 2020.

Medical Nutrition Therapy (MNT)

MNT is used in managing chronic diseases and focuses on nutrition assessment, diagnostics, therapy and counselling. MNT should:

a. be personalized and meet individual values, preferences and treatment goals to promote long term adherence
b. be administered by a registered dietitian to improve weight-related and health outcomes

Physical Activity

30-60 mins of aerobic activity on most days of the week, at moderate to vigorous intensity, can result in:

a. small amount of weight and fat loss
b. improvements in cardiometabolic parameters
c. weight maintenance after weight loss

ⓘ **Remember nutrition and physical activity recommendations are important for all Canadians regardless of body size or composition.**

The Three Pillars of Obesity Management that Support Nutrition and Activity

Psychological Intervention

a. Implement multicomponent behaviour modification
b. Manage sleep, time, and stress
c. Cognitive behavioural therapy and/ or acceptance and commitment therapy should be provided for patients if appropriate

Pharmacological Therapy

a. semaglutide
b. liraglutide
c. naltrexone/bupropion
(in a combination tablet)
d. orlistat
e) Tirzepatide

criteria
BMI ≥30kg/m2 or
BMI ≥27 kg/m2 with obesity (adiposity) related complications

Bariatric Surgery

ⓘ Procedure should be decided by surgeon in discussion with the patient.

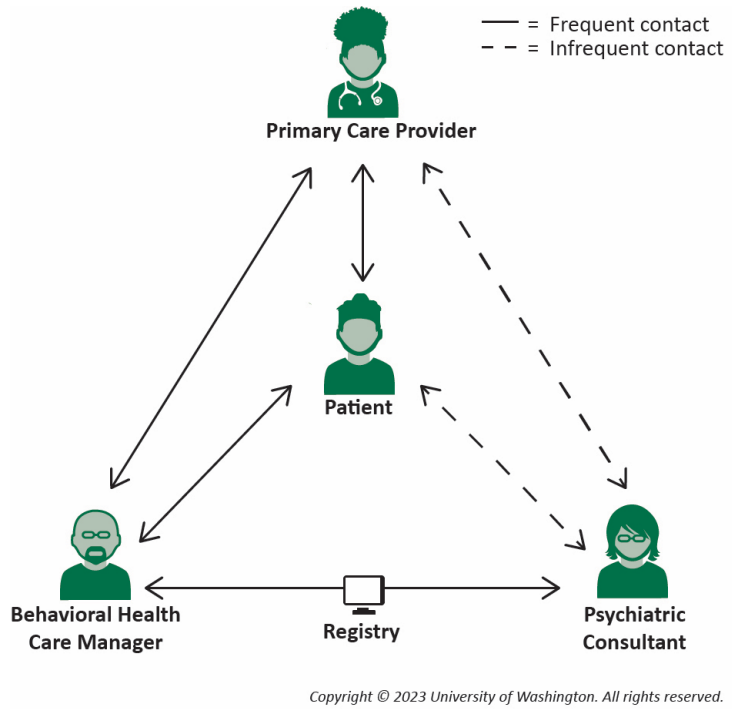
a. Sleeve gastrectomy
b. Roux-en-Y gastric bypass
c. Biliopancreatic diversion with/without duodenal switch

criteria
BMI ≥40 kg/m² or
BMI ≥35 - 40 kg/m² with an obesity (adiposity) related complication or
BMI ≥30 kg/m² with poorly controlled type 2 diabetes

What is Integrated Care?

- Team-based approach aimed at comprehensive assessment and treatment to address the biological, psychological and social needs of the patient (APA)

- Collaborative care is a type of integrated care model that includes 5 components:
  - Patient-centred team with patients receiving holistic care through one location
  - Population-based approach with patient outcomes tracked and care coordination
  - Measurement-based approach
  - Provision of evidence-based treatments
  - Providers are accountable – moves beyond volumes to delivering quality of care



Outcomes:
•Effectiveness demonstrated in >90 RCTs: better patient outcomes, higher satisfaction, lower health costs

• Strong evidence for improving patient outcomes for patients with comorbid physical and mental health outcomes (depression/anxiety + diabetes, HIV, cardiovascular)

Unützer J et al. JAMA 2002; Katon W et al. N Engl J Med 2010

https://www.apa.org/health/integrated-health-care,
https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care

Integrated Obesity Care Is a Spectrum

One system, matched to the complexity of need

PRIMARY CARE

- 5As model: Assess, Advise, Agree, Assist, Arrange
- Layer on incremental integrated care resources
- High reach as most patients managed here

OBESITY MEDICINE & SURGICAL CENTRES/TEAMS

- Interdisciplinary team: surgery, medicine, psychology, dietitians, nursing, social work
- Complex patients
- Referral for medical and surgical pathways

- Integration also occurs within chronic disease pathways through primary care and support from specialized obesity centres and teams

Components of Integrated Obesity Care

Team-Based Care

A spectrum from minimal-resource primary care (5As) to interdisciplinary Centres of Excellence for complex patients

Measurement & Monitoring

Beyond BMI and weight —outcome measures agreed on with the patient and tracked over time

Care Coordination

Access to primary care isn't access to obesity care — embed it into existing chronic disease pathways and integrated self-management

Capacity Building

Scale expertise outward through virtual models like Project ECHO and education to build provider skill and confidence

Patient Empowerment

Co-produced, patient-centered goals to support decision-making

System Enablers

Care that is recognized as chronic disease, funded through aligned coverage, and connected across pathways

Comprehensive Obesity Care is Not One Treatment – It is a Team-Based Approach

The goal of obesity care is better health, function, and quality of life, not just weight loss.

Canadian Adult Obesity Clinical Practice Guidelines: Wharton S et al. CMAJ 2020;192(31):E875-E891

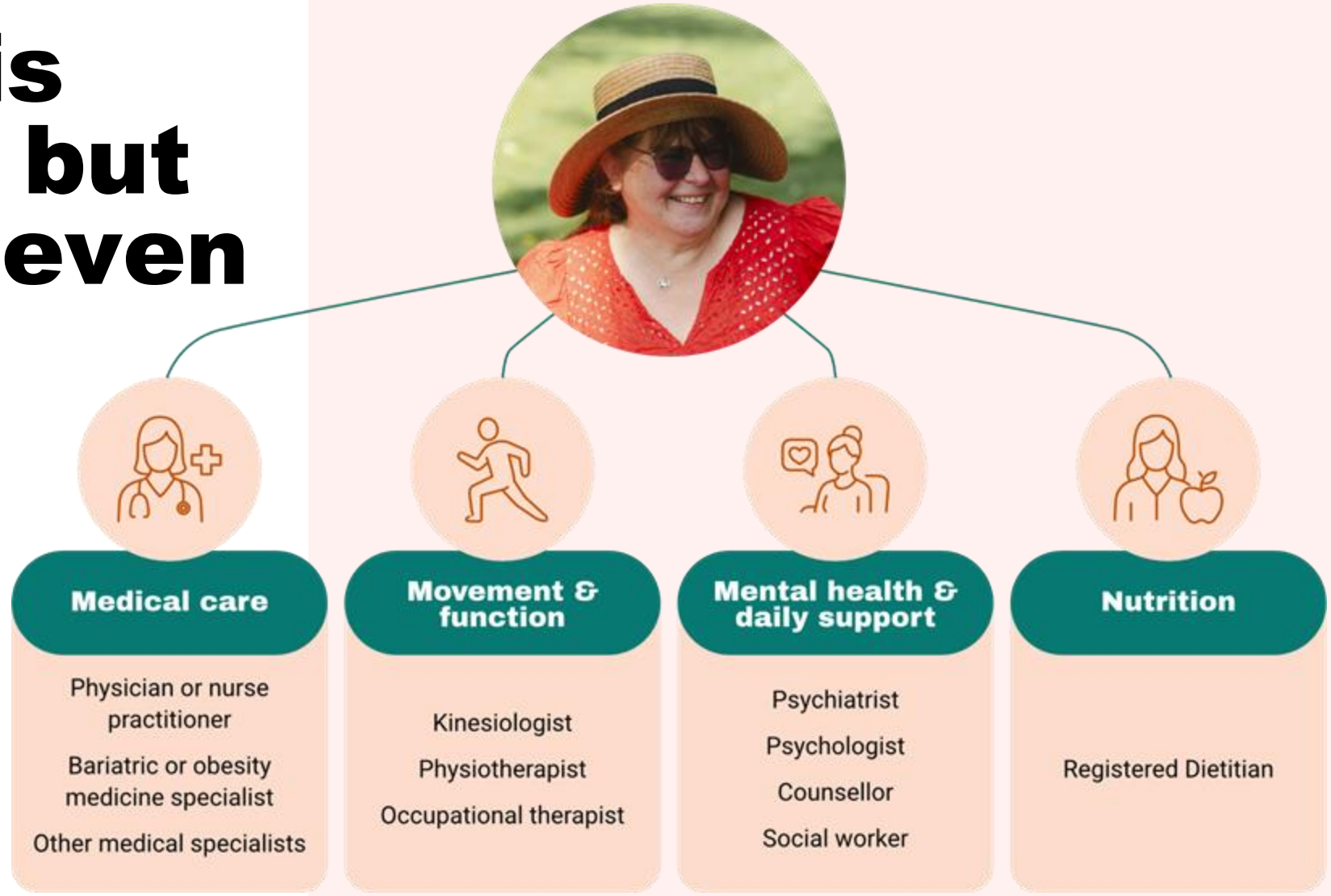
Obesity care may include:

- Clinical assessment
- Psychological and behavioural support
- Nutrition and physical activity support
- Obesity medications
- Metabolic bariatric surgery
- Long-term follow-up

Better care is team-based, but access is uneven

The right supports depend on each person's health, goals, values, preferences, and circumstances.

Team-based care is possible in many settings, but it requires shared competencies, funded supports and clear pathways.



This example shows common areas of support, but roles may overlap and care can be adapted based on the healthcare professionals, training, and resources available.

Measurement is Key to Integrated Care: Moving Beyond Weight and BMI

ICHOM
International Consortium for Health Outcomes Measurement
ADULT OBESITY

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Revised: July 3rd, 2024

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Cardiometabolic Risk
- Blood pressure, glycemic control, lipids, hepatic and renal function

Anthropometric
- BMI, Waist Circumference, Weight Change

Nutritional Status
- Vitamin D, B12, Ferritin, Folic Acid

Sarcopenia
- Grip strength

Quality of Life (Obesity Specific & General)
- Social, physical, sexual, pain psychological, body image and dietary/eating behaviors
- Depression, anxiety, mobility, energy, physical functioning

Sleep
- Sleep quality

ICHOM 2024

Mekonnen T et al. EClinicalMedicine 2025;87:103422.

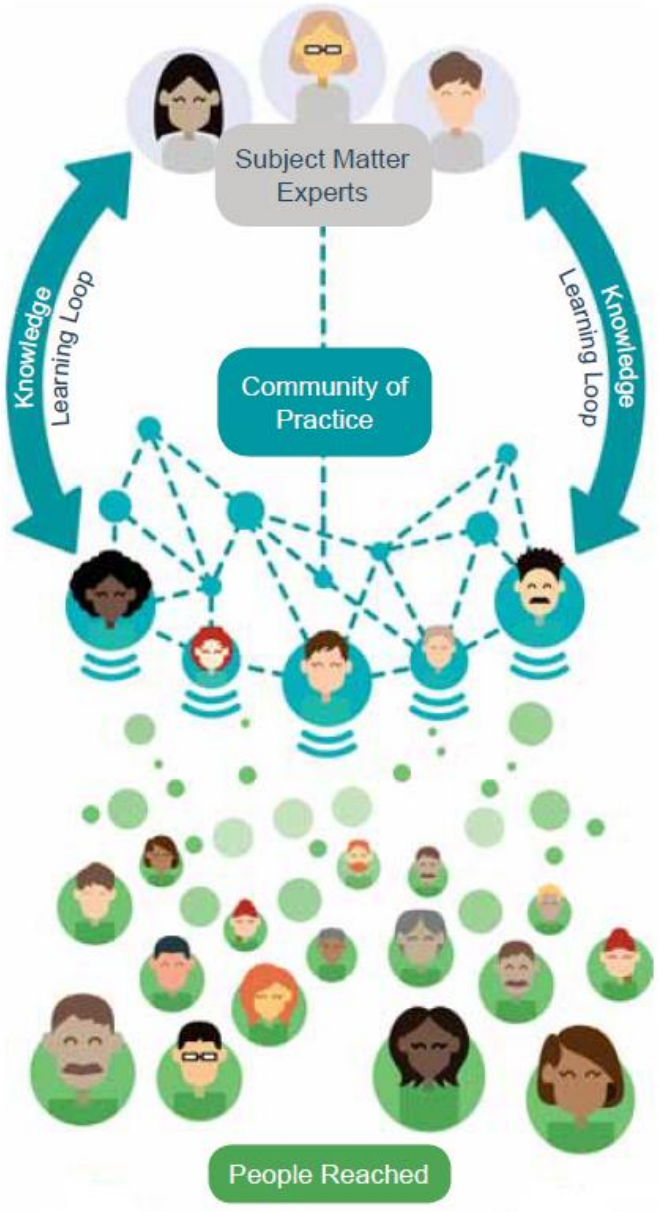
Access to Primary Care Does Not Mean Access to Obesity Care

Even when people are connected to primary care, evidence-informed assessment, treatment, and referral pathways for obesity are not guaranteed.

The Opportunity: To integrate obesity assessment and treatment into existing chronic disease pathways – diabetes, cardiac, sleep clinics to simplify for primary care

Policy takeaway

Build obesity care into primary care and chronic disease programs with evidence-informed training, education, practical tools, billing mechanisms and clear referral pathways.

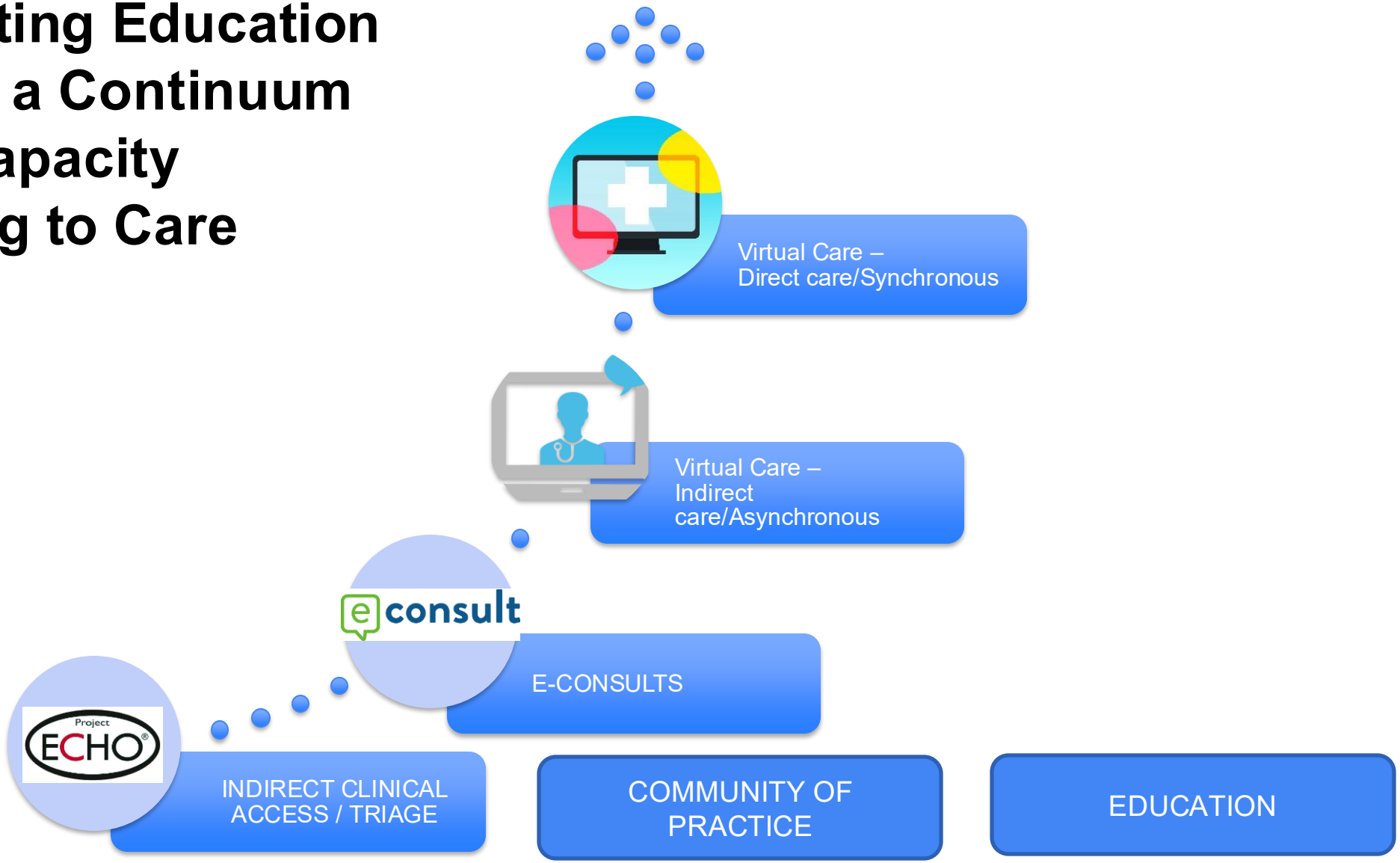


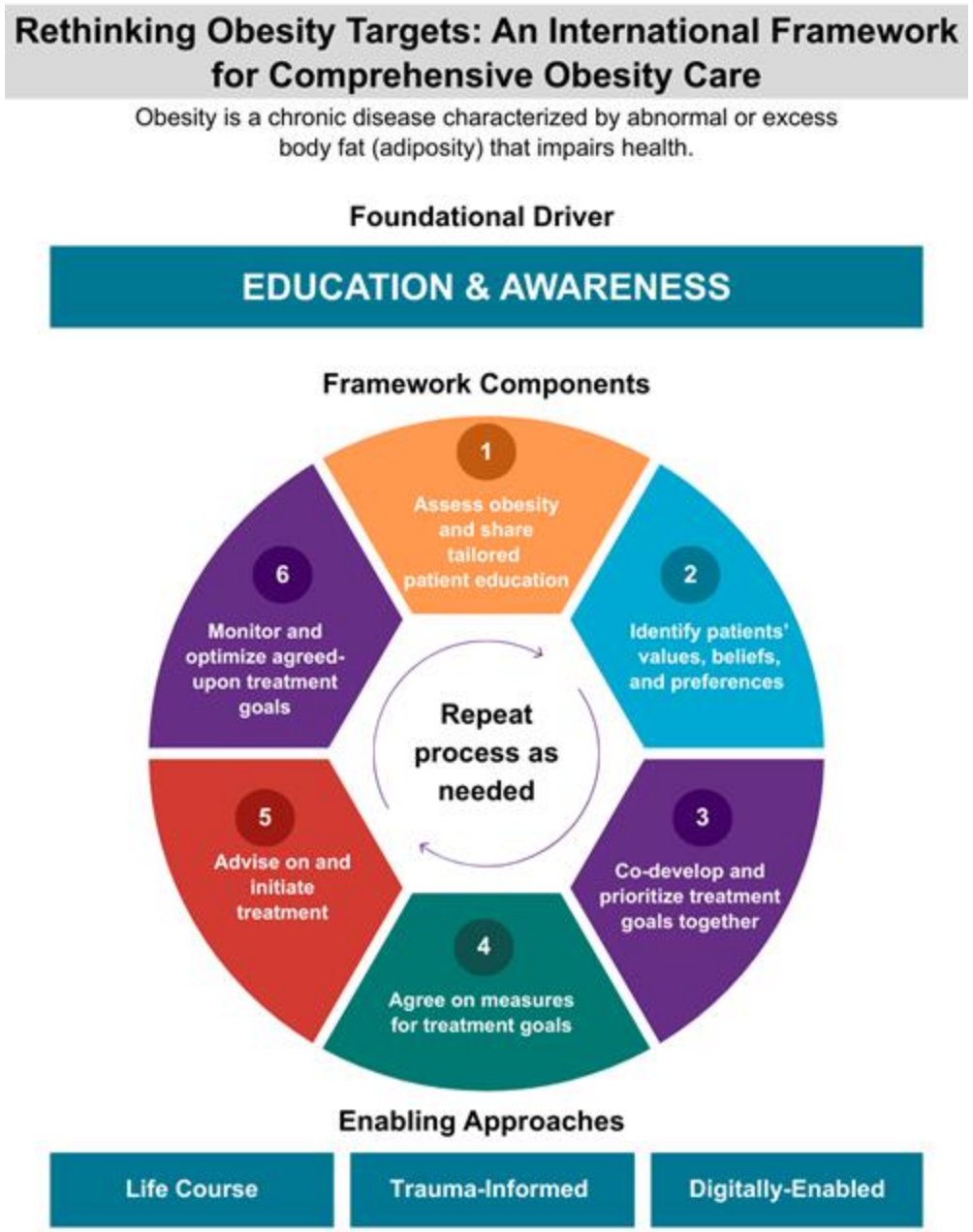
Virtual Collaborative Networks and Capacity Building: Project ECHO

- Virtual capacity-building for the primary care team — distinct from patient-facing digital care
- Ontario Bariatric Network: 12-session ECHO cycles delivered over 6 months
- Results:
  - Improved confidence across MBS domains — nearly 70% reported a change in practice
  - Increased comfort discussing weight with patients
  - Greater collaborative, interprofessional obesity care

Zhou et al. Acad Med 2016;91(10):1439-61. Sockalingam et al. JCEHP 2021. Skiadaresis et al. 2026 (under review).

Integrating Education Across a Continuum from Capacity Building to Care





Sockalingam S et al. (under review); Sockalingam S et al. Obes Pillars 2026

Obesity Canada "Best Health Framework": An Integrated Patient-Centered Approach

- Obesity education for healthcare professionals (i.e., weight bias and understanding of obesity)
- Assessment of obesity across physical health, mental health and social context – followed by patient education
- Understand patients' values, beliefs and preferences
- Shared decision making to agree and prioritize treatment goals aligned with values
- Select measures aligned with goals
- Collaboratively initiate treatment based on guidelines and evidence
- Use a shared approach to monitor outcomes and provide feedback

Integrated Obesity Care is Contingent on Several Systemic and Policy Factors

Better obesity care means people can expect care that is:

Recognized and treated as a chronic disease in policy, health programs, standards of care, and public discourse

Measured through consistent data on diagnosis, treatment access, outcomes, and inequities across jurisdictions

Connected across care pathways, embedded in primary care and chronic disease programs, with coordinated, multidisciplinary support

Funded through public and private coverage policies based on clinical need and CPG-aligned treatment options

Respectful, person-centred and weight-bias-aware care designed alongside people living with obesity

Recommendations from Obesity Canada Benchmark Report 2026

Example: UHN Obesity Care Experience

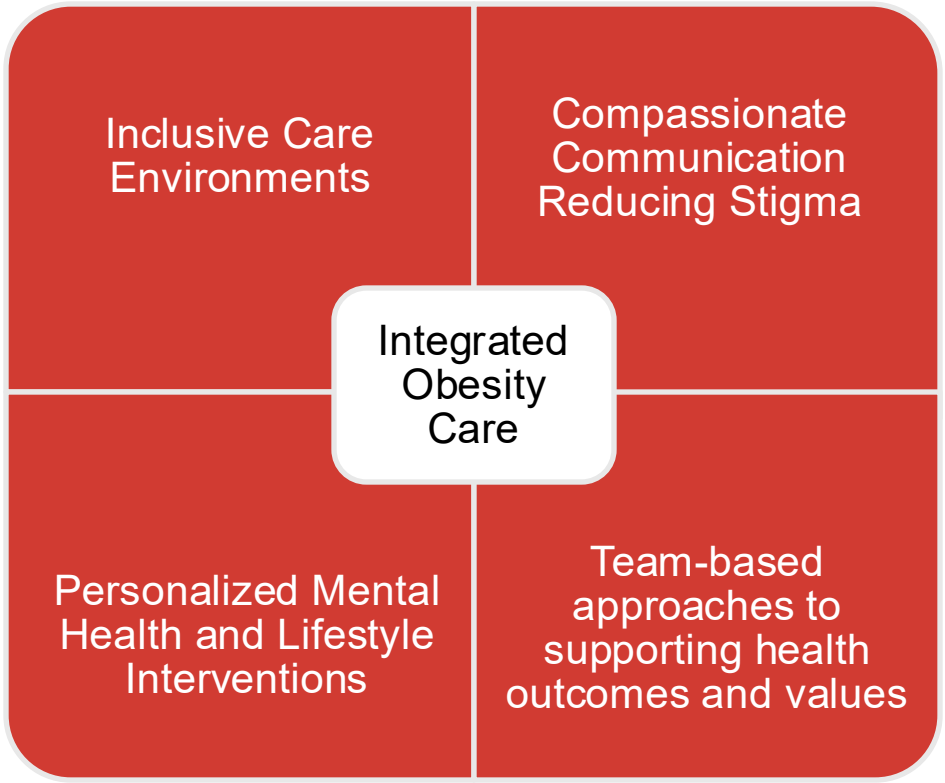
Expanded team roles

- Core skills for compassionate engagement
- Dietitians and nurse practitioners trained in evidence-based psychological interventions

Evidence-based time-limited virtual psychosocial interventions matched to patient need

Continuum of obesity treatment offered based on patient care needs and response (psychological-medical-surgical)

Chronic disease approach – longitudinal care in collaboration with primary care and pathways to community supports



Sockalingam S et al. JAMA Open 2023; Cassin SE et al. Obes Surg 2025; Tahir U et al Obes Surg 2025

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