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XXIX IFSO World Congress

1-4 September 2026 | Toronto, Canada

TORONTO2026

The Future of Obesity Management:
From Weight Loss to Health Gain

ifso2026.org

Disclosure Slide

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Dr. Violeta Moizé received speaker fees and educational honoraria from Novo Nordisk and Adventia Pharma. No other relevant conflicts of interest are declared.

Dr. Ximena Ramos Salas reports consulting fees from several professional societies and non-profit organizations, speaker honoraria from Eli Lilly Sweden and Novo Nordisk, meeting/travel support from numerous professional and patient advocacy organizations, and an unpaid leadership role (Chair, Board of Directors) at Bias 180. Travel support for the XXIX IFSO World Congress was provided by the Romanian Bariatric Surgery Association.

Dr. Silvia Leite has nothing to disclose.

Dr. Ricardo Cohen reports research grants from Johnson & Johnson, Medtronic, GI Dynamics, Hospital Oswaldo Cruz Bioscience Institute, Marlex. Speaker honoraria from Johnson & Johnson, Medtronic, Novo Nordisk, Eli Lilly, Currax, and Boston Scientific. SAB: Morphic Medical, Medtronic, Johnson & Johnson, and Regeneron.

Dr. Catalin Copaescu reports educational grants from BD, Medtronic, Karl Storz. Director of Surgical Training Institute Bucharest Romania

Lisa Schaffer is an employee of Obesity Canada.

Ken Clare is an employee of the European Coalition for People Living with Obesity.

IFSO and Bias180 (a global non-profit organization with a mandate to address health stigma) wish to partner on a critical new research and knowledge translation initiative, which they intend to submit for support from industry sponsors.

Activity #1

Assess IFSO members' needs in terms of resources and strategies to address weight bias, stigma and discrimination in obesity care (online survey, individual interviews) --> inform gaps and priorities for stigma initiatives

Activity #2

Describe patient experiences with weight bias and stigma in the context of obesity care (e.g. international patient survey and focus groups across IFSO chapters) --> inform future IFSO patient-centred and interdisciplinary obesity care strategies

Activity #3

5-Min CPD (Continuing Professional Development) delivered through IFSO to raise awareness about the impact of weight stigma on the lives of people living with obesity as well as effective strategies to reduce weight stigma in obesity care

Activity #4

Half-day in-person training program delivered through IFSO regional chapters to provide practical skills and resources that can prevent weight bias and stigma in obesity care

Communications Strategy

Develop resources and materials for healthcare professionals (e.g., scientific publications, practical tools and guidance, infographics, online learning modules etc.)

Beyond Access: Redefining Value in Obesity Care Through the Patient Experience

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The shift in obesity care: from surgical outcomes alone to patient experience and patient-reported outcomes.

Ximena Ramos Salas, Bias 180 (Sweden)
Violeta Moize, IFSO European Chapter (Spain)

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From satisfaction to value

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1997 — Satisfaction

Satisfaction is not a measure of quality

Health Care Quality
Incorporating Consumer Perspectives
Paul D. Cleary, PhD; Susan Edgman-Levitan, PA

JAMA. 1997;278:1608-12

1999 — *Partnership*

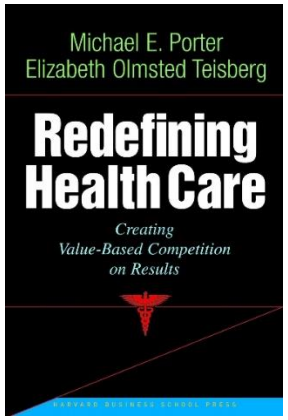
Patients have "grown" and there is no turning back

Paternalism or partnership?
Patients have grown up—and there's no going back

BMJ. 1999;319:719-20.

2007 — Redefinition

Value for patients
Care processes
Clinical results



2010 — Results

The Outcomes Measures Hierarchy

What Is Value in Health Care?
Michael E. Porter, Ph.D.

N Engl J Med. 2010;363:2477-81

$$\text{Value} = \frac{\textit{Outcomes}}{\text{Cost}}$$

What Is Value in Health Care?

Michael E. Porter, Ph.D.

NEJM 2010;363:2477-81

"Value, in any field, must be defined around the customer, not the supplier"

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RESEARCH ARTICLE

Redefining value: a discourse analysis on value-based health care

Gijs Steinmann*, Hester van de Bovenkamp, Antoinette de Bont and Diana Delnoij

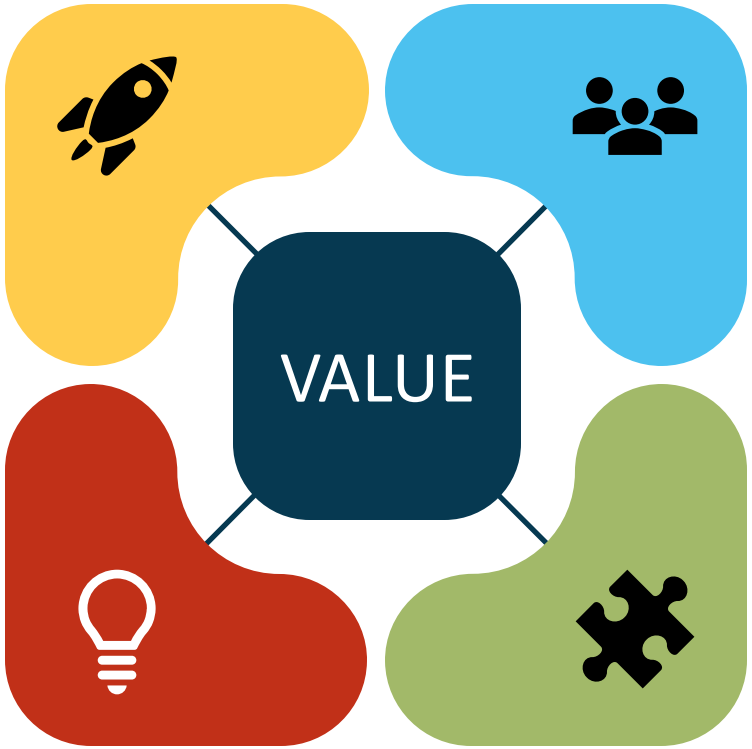
BMC Health Serv Res. 2020;20:862.

The value is defined differently depending on the frame of reference

Patient empowerment

Information
Ability to choose

Motivational Interviewing



Governance

Incentivize suppliers to offer good results at a better price.

Bundled payments

Professionalism

Emphasis on continuous improvement

Critical vision

Simplification of the definition of quality.

Every figure has value, but it needs a story

Obesity Science & Practice

WILEY

Obesity Science and Practice

REVIEW OPEN ACCESS

Motivational Interviewing (MI) in Obesity Care: Cultivating Person-Centered and Supportive Clinical Conversations to Reduce Stigma: A Narrative Review

Violeta Motze[1,2,3,4,5] | Yitka Graham[5,6,7,8] | Ximena Ramos Salas[9,10] | Mercè Balcells[4,11,12]

[1]Obesity Unit, Endocrinology and Nutrition Department, Hospital Clinic Barcelona, Barcelona, Spain | [2]Department of Medicine, University of Barcelona, Barcelona, Spain | [3]Translational Research in Diabetes, Lipids and Obesity, Consortium August Pi I Sunyer Biomedical Research Institute (IDIBAPS), Barcelona, Spain | [4]Grupo en Español de Trabajo de Entrevista Motivacional (GETEM), Barcelona, Spain | [5]Faculty of Health Sciences and Wellbeing, Helen McArdle Nursing and Care Research Institute, University of Sunderland, Sunderland, UK | [6]Bariatric Surgical Unit, Sunderland Royal Hospital, South Tyneside and Sunderland NHS Foundation Trust, Sunderland, UK | [7]Faculty of Psychology, University of Anahuac, Mexico City, Mexico | [8]Faculty of Biomedical Science, Austral University, Buenos Aires, Argentina | [9]Bias 180, Ontario, Canada | [10]Replica Communications, Kristianstad, Sweden | [11]Addictive Behavior Unit, Psychiatry and Psychology Service, Clinical Institute of Neurosciences (ICN), Hospital Clinic Barcelona, Barcelona, Spain | [12]Addiction Research Group, Consortium August Pi I Sunyer Biomedical Research Institut (IDIBAPS), Barcelona, Spain

Correspondence: Violeta Motzé (vmotze@clinic.cat)

Received: 13 August 2024 | **Revised:** 28 January 2025 | **Accepted:** 31 January 2025

Funding: The authors received no specific funding for this work.

Keywords: collaborative approach | continued support | heath care professional experience | patient experience | patient values | positive communication

ABSTRACT

Background: Patients perceive high levels of weight prejudice, stigma, and discrimination within health systems, affecting their ability to manage their obesity and related chronic conditions. Scientific and patient obesity associations worldwide have prioritized the reduction of weight stigma to improve patient experiences in health systems and overall health outcomes. Since a significant proportion of the population is now living with multiple chronic diseases related to obesity, healthcare systems must shift toward multi-disease management frameworks incorporating person-centered and non-stigmatizing clinical conversations. Motivational Interviewing (MI) has the potential to transform clinical interactions by using non-stigmatizing language, communication, and practices. Studies using MI in obesity management have solely focused on weight loss outcomes, while other patient experience related outcomes would also be relevant to evaluate.

Methods: A narrative review was undertaken to critically analyze the potential impact of MI on obesity and chronic disease management practices and experiences.

Findings: An analysis and contextualization of the MI theoretical framework for obesity management, based on the philosophy of motivational spirit, was reviewed, assessing micro skills or strategies.

Conclusion: MI may assist healthcare professionals conduct non-stigmatizing clinical conversations in accordance with basic principles of collaborative therapeutic alliances. A proposal for research considerations that can help illuminate the potential for of MI in obesity management is also outlined.

Motivational Interviewing

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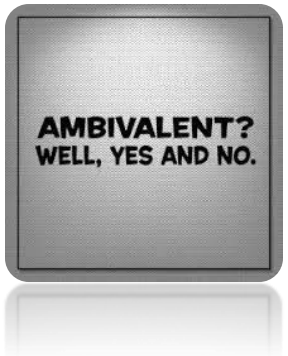
"Motivational interviewing is a person-centered clinical interview that helps explore and resolve their ambivalence about an unhealthy behavior or habit to promote changes toward healthier lifestyles."



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Rollnick, S. & Miller, W.R. (1995). What is motivational interviewing? Behavioral and Cognitive Psychotherapy, 23(4), 325-334.

"People are generally more convinced by the reasons they discover themselves, than by those explained to them by others"

Blaise Pascal (1623-1662)

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Value Lost: The Price of Stigma in Patient Care

Understanding Barriers to Delivering Value

Weight stigma **reduces the value** of obesity care by driving blame, dismissal of symptoms, and reduced trust in healthcare providers - eroding the very outcomes that value-based care aims to protect.

The traditional behaviour-centric model reduces obesity to a simple lack of willpower and poor adherence. This framing invites moral judgement and stigma, steering care toward short-term interventions rather than the comprehensive, supportive treatment that delivers real, lasting value for patients.

WEIGHT BIAS

Negative attitudes and beliefs about weight

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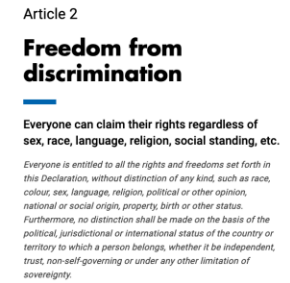
Weight Bias

- *Explicit weight bias*
- *Implicit weight bias*
- *Internalized weight bias or self-directed bias*

Stigma → ***Harmful social stereotypes/ Damaged identities***

Discrimination → ***Unjust treatment***



Kirk, SFL, Ramos Salas X, Alberga AS, Russell-Mayhew S. Canadian Adult Obesity Clinical Practice Guidelines: Reducing Weight Bias, Stigma and Discrimination in Obesity Management, Practice and Policy.

Why This Matters: How Weight Stigma Erodes Value in Obesity Care

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Delayed Care Seeking

Weight stigma leads patients to avoid or delay healthcare visits, skip preventive screenings, and distrust medical professionals - driving up long-term costs and eroding the health outcomes that value-based care depends on.

Blame-Focused Communication

Patients experience simplistic advice, assumptions about motivation, dismissal of symptoms, and shame cycles that erode the therapeutic relationship - undermining the trust and engagement needed to deliver real value.

Reduced Trust & Engagement

Stigmatizing experiences create barriers to honest communication, shared decision-making, and long-term treatment adherence - weakening the very outcomes value-based obesity care is designed to protect.

Puhl RM. Weight Stigma and Barriers to Effective Obesity Care. Gastroenterol Clin North Am. 2023; Ryan L et al. Weight stigma experienced by patients with obesity in healthcare settings: A systematic review. Obesity Reviews. 2023.

Why a Chronic Disease Model Benefits Patient Care

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Reduces Stigma & Shame

Shifts blame away from patients by recognizing obesity as a biological condition, not a personal failure or lack of willpower.

Builds Trust & Engagement

Strengthens therapeutic relationships through shared decision-making and collaborative goal-setting rather than judgmental approaches.

Normalizes Long-Term Care

Supports ongoing treatment and follow-up as standard practice, just like other chronic conditions such as diabetes or hypertension.

Schumacher LM et al. Advancing person-centered care in the new era of obesity. J Gen Intern Med. 2025
Moizé V, Graham Y, Ramos Salas X, Balcells M. Motivational Interviewing (MI) in Obesity Care: Cultivating Person-Centered and Supportive Clinical Conversations to Reduce Stigma: A Narrative Review. Obesity Science Practice. 2025;11(1):e70057.

Improving Value in Obesity Care by Reducing Stigma

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Avoid Stigmatizing Communication

Replacing blame-focused language with supportive dialogue preserves the value of care - simplistic behavioural explanations that reinforce shame and self-blame erode trust and undermine the outcomes patients and providers are working toward.

Screen for Experienced and Internalized Stigma

Routinely assessing for stigma and trauma history protects value by preventing avoidable harm - weight-centric treatment goals that ignore this context can worsen psychological well-being and undo the benefits care is meant to deliver.

Support Long-Term Care

Treating obesity as a chronic disease - where recurrent weight gain and related health impairments are part of the disease journey, not the patient's fault - is what delivers real value: it shifts care from one-off fixes to ongoing support and treatment adaptation, protecting outcomes and trust over the long term.

Kirk SFL, Ramos Salas X, Alberga AS, Russell-Mayhew S. Reducing Weight Bias in Obesity Management, Practice and Policy. Canadian Adult Obesity Clinical Practice Guidelines. 2020.

Person-Centred Care as Value-Based Care: What It Means in Practice

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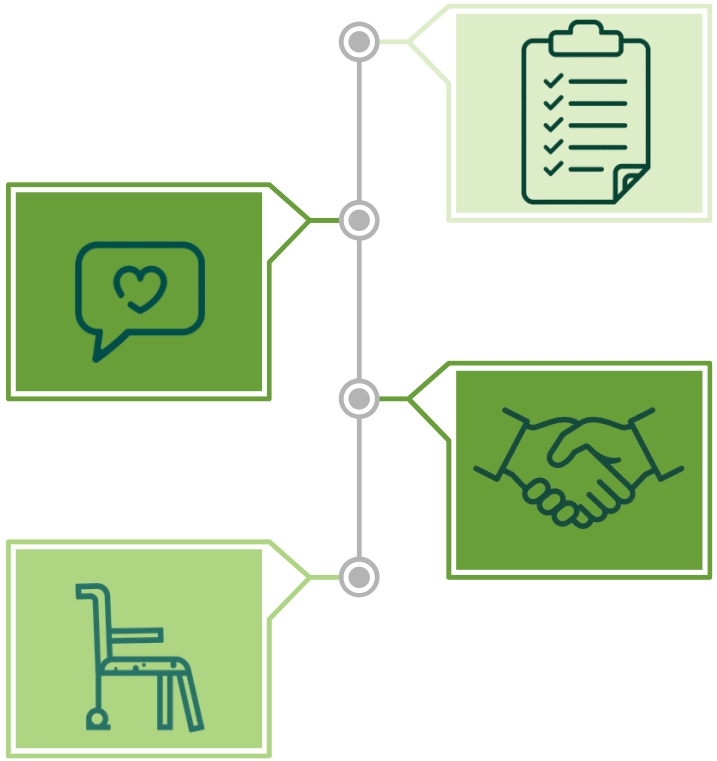
Communication Approaches

Person-centred communication protects trust and outcomes: ask permission before discussing weight, use person-first language, and avoid blame-focused terms. Apply motivational interviewing techniques and validate prior experiences. Weight bias sensitivity training for providers supports respectful, non-judgmental dialogue.

Clinical Environment

An accessible, dignified clinical environment is foundational to value: appropriate equipment and seating, private weighing spaces, and respectful interactions throughout.



Consultation Methods

Value-based consultations focus on health and quality of life over weight alone, with individualized goals and recognition that weight regain is part of chronic disease, not a failure of care. Incorporate patient-reported outcomes and measures (PROMs) to capture what matters most to patients beyond clinical metrics.

Shared Decision-Making

Shared decision-making delivers value by involving patients in treatment choices, defining success beyond weight loss, and supporting the autonomy, dignity, and expertise persons bring to their own care.

MI: Professional-Patient Relationship

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How we communicate to people lived Experience interferes with the therapeutic response

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Collaboration (vs. Confrontation)

Forming an alliance with the patient

Evocation (vs. Education)

The patient can generate their own solutions

Acceptance (vs. Imposition)

Acknowledging the patient's proposals.

The patient is responsible for their own change

Compassion (vs. Indifference)

Interest in promoting the other's well-being

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Expressing emotions and needs through drawing

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People lived Experience after metabòlic and bariatric surgery

1

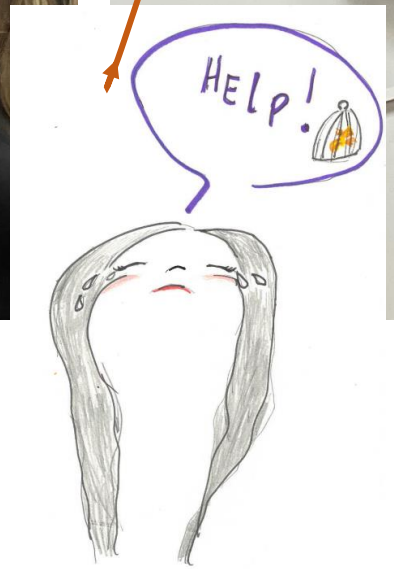
"How do you think the people around you see you?"

2

"How do you feel when you didn't reach therapeutic goals in relation to physical activity, healthy diet, or activities of daily living?"

Clínic Barcelona


BARCELONA


HELP!

Clínic Summer School

IX EDICIÓ

Inscripcions

Medicina culinària en l'abordatge de l'obesitat: reduint l'estigma, promovent salut

Divendres 10 de juliol de 2026, de 8:30h a 14:00h

Fundació Alícia. Món Sant Benet. Camí de Sant Benet, s/n, 08272
Sant Fruitós de Bages, Barcelona

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EASO EARLY CAREER NETWORK

EASO ECN Masterclass
November 20th-22nd 2025
Hotel Cascais Miragem
Cascais, Portugal

Living with obesity: insights into patient experience within a multidisciplinary healthcare program

Lucia Alonso, Eva Palou, Jessica Farre, Joan Fernando, Marta Cabezali, Joan Escarrabill, Olga Rubio, Violeta Moizé

Author: Lucía Alonso; lucinsoez@clinic.cat

Clínic Barcelona | Universitat de Barcelona

Introduction

Patient experience is the third pillar of quality, alongside safety and efficacy. Healthcare organizations must identify patients' unmet needs, involve them in designing innovative programs, and shift toward effective, stigma-free, multidisciplinary care.

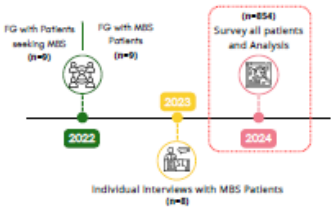
Objectives

1. Explore the experience of people living with obesity (PLwO) during current therapeutic interventions at the Hospital Clínic of Barcelona.
2. Identify unmet healthcare needs.

Methods

Two focus groups were held with nine individuals seeking metabolic and bariatric surgery (MBS) and nine post-MBS individuals. Then, eight in-depth interviews were conducted to further explore key themes.

Data from focus groups and interviews were recorded and transcribed. Text analysis identified concepts grouped into categories, which informed the development of a survey distributed to 2,500 patients. Survey data were analyzed using SPSS version 27.



Results: Demographics

50% 55-69 years
27% 45-54 years
13% 35-44 years
10% 25-34 years

854 completed the study (response rate: 34%)

67% women / 33% men

69 % have post-compulsory studies
44 % have dependents
48 % work full-time

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Results: Identified categories

Accesibility	**39,5%** easy to contact healthcare professionals **26%** received psychological support **63%** would have liked to receive psychological support
Information	**40%** information is clear and usefull **10%** lack of information of obesity as chronic disease **14%** lack of information of complications after MBS
Impact of the disease	**70%** reported that obesity has impact on body image **33%** reported that obesity has impact on fertility
Time Management	**60%** consultations were time efficient and punctual
Shared Decisions	**59%** were involved in decision-making
Environment	**61%** trusted in healthcare professionals, describing the organization of care and facilities as appropriate.
Stigma	**52,5%** stigma was reported more frequently by women **45%** reported experiencing social stigma **42%** reported experiencing internal stigma **20%** experienced stigma form heathcare professionals

Unmet needs ⚠

1. Psychological support
2. Weight-related stigma
3. Concerns related to body image
4. Insufficient access to healthcare professionals

Conclusions

Our study suggest that obesity is perceived and experienced as a disease with profound physical, emotional, and social effects. Stigma is common, particularly among women, and is closely linked to body image concerns. It is essential to continue exploring the lived experiences of PLwO.

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To take away

Medicine is difficult—there are no shortcuts

Delivering high quality, patient centred care requires medical training that is long enough, broad enough, and deep enough, writes Andrew Elder

Andrew Elder,

BMJ 2024;387:q2163

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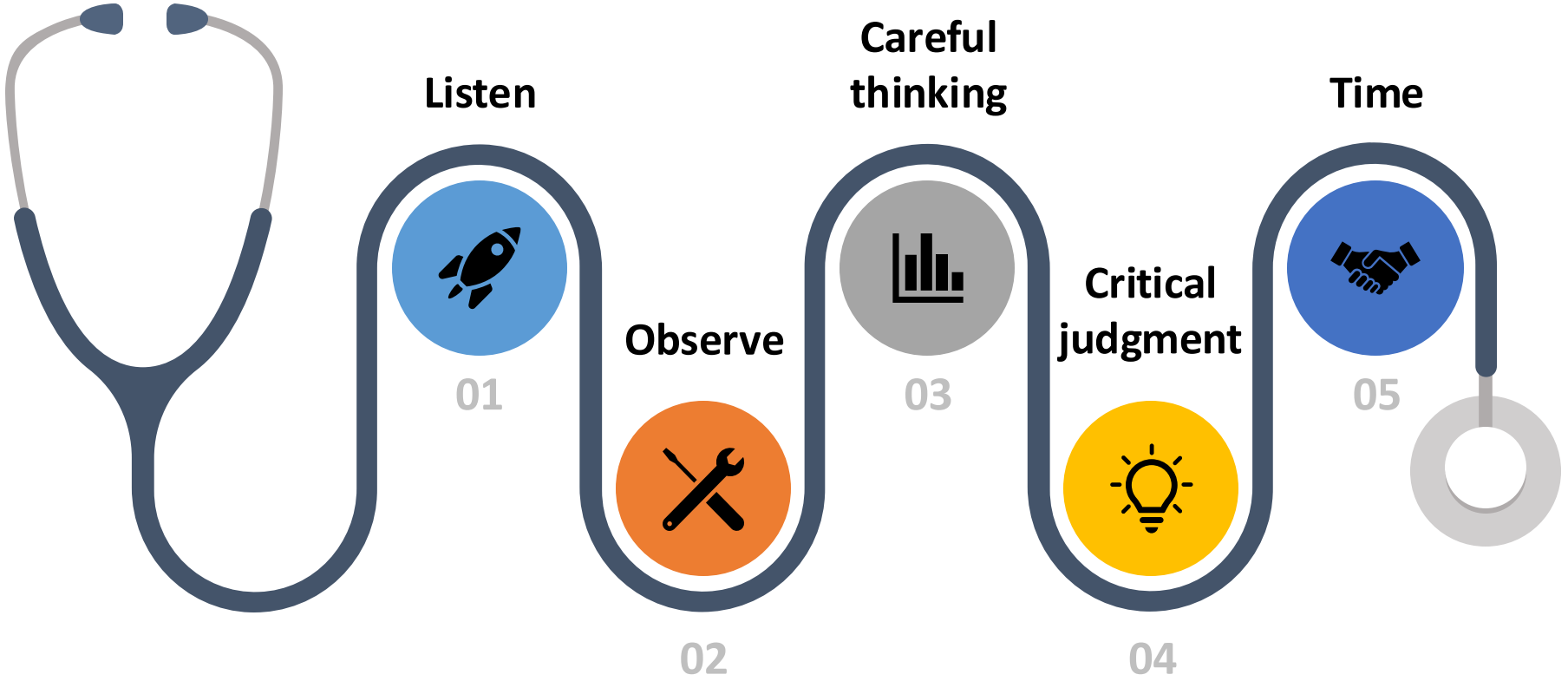

Lived experience panel:

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Weight stigma, gaps in long-term follow-up, and factors influencing engagement with obesity care



Lisa Schaffer, Obesity Canada (Canada)

Ken Claire, European Coalition for People Living with Obesity (UK)

Ximena Ramos Salas, Bias 180 (Sweden)

ICHOM

Adult Obesity

Conditions: Pharmacological treatment | Non-Pharmacological treatment | Surgical treatment
Populations: Adults aged 18 years and above

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Contributors

For more information about the process of developing a Set of Patient-Centered Outcome Measures, visit ichom.org/how-we-work/

The Working Group

What Does Value Really Mean? A Dialogue on Outcomes, Experience, and Follow-Up Care

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Lisa Schaffer, Obesity Canada (Canada)
Ricardo Cohen, IFSO Immediate Past President (Brazil)
Ken Clare, ECPO (UK)
Violeta Moize, IFSO European Chapter (Spain)
Catalin Copaescu, IFSO European Chapter (Romania)
Silvia Leite, IFSO Integrated Health President (Brazil)
Ximena Ramos Salas, Bias 180 (Sweden)

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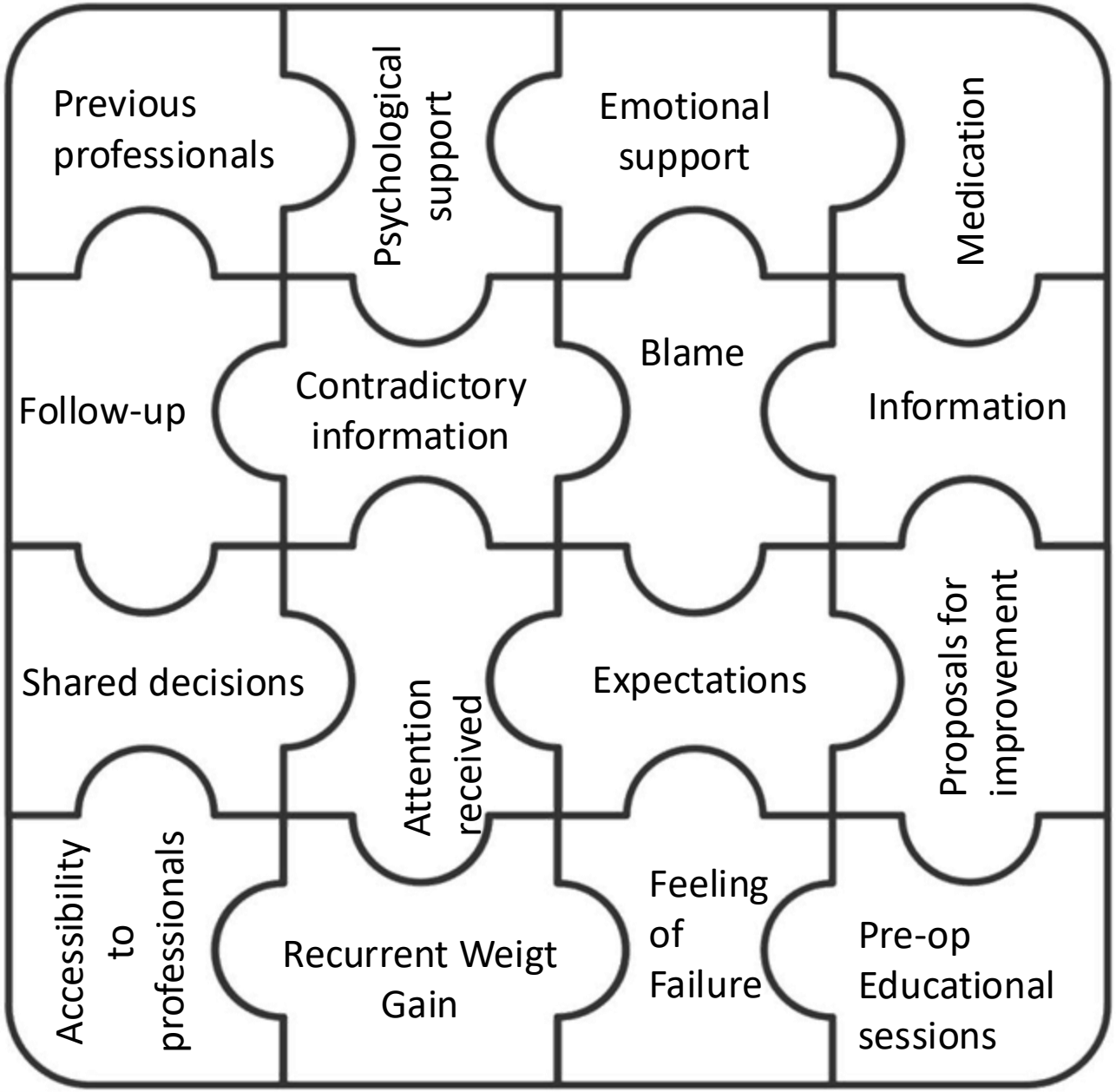
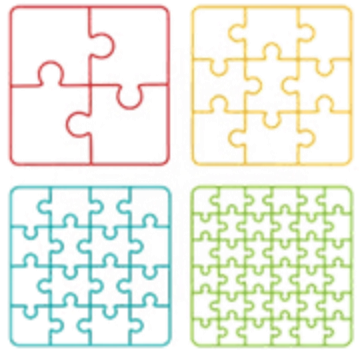
Local


Previous professionals
Psychological support
Emotional support
Medication
Follow-up
Contradictory information
Blame
Information
Shared decisions
Attention received
Expectations
Proposals for improvement
Accessibility to professionals
Recurrent Weigt Gain
Feeling of Failure
Pre-op Educational sessions



Polls for audience

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Q1. When you think about "value" in healthcare, please rank which factors are the most important when evaluating the value of MBS or combined therapy?

1. Clinical outcomes: Weight loss, comorbidity and complications improvement
2. Quality of life: Function, wellbeing and what matters to the patient
3. Patient Experience: How patients experience the care journey and feel supported
4. Long-term outcomes: maintaining and providing effective lifelong follow-up

Polls for audience

Q2. In your current practice, please rank the following in order of the biggest challenge to ensuring continuity of care after surgery or combined therapy:

1. Limited coordination between specialties
2. Insufficient follow-up capacity, resources, or cost of follow up
3. Lack of standardized care pathways
4. Inability to identify patients needing additional support

Polls for audience

Q3. How well do you think your current follow-up care model captures the patient's experience beyond clinical outcomes?

1. Not at all: We mainly focus on clinical outcomes and complications
2. To a limited extent: We ask about the patient experience, but informally
3. Moderately: Patient experience is considered, but not systematically measured
4. Well: Patient experience is routinely incorporated into follow-up
5. Very well: Patient experience is systematically measured and actively used to improve care

Polls for audience

Q4. If patient-reported outcomes and experiences were routinely available, please rank how you would most likely use the data?

1. Individualize care: To better understand each patient's needs and tailor follow-up
2. Improve communication: To identify concerns or priorities that may not emerge during consultation
3. Improve our service: To identify gaps and redesign our follow-up pathways
4. Measure quality: To evaluate and compare the quality and value of care we provide

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Synthesis and call to action: Concrete, practice-level commitments participants can take back to their own surgical centers.

"What does value mean?" → *"What do we measure?"* → **"What are you actually going to change?"**

Final audience poll

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What is the one change you could realistically implement (TOMORROW!) in your center to make obesity follow up care more person-centered?

1. One question: Start routinely asking patients what matters to them
2. One measure: Introduce a PRO/PRE into follow-up
3. One change: Adapt a part of our follow-up pathway
4. One conversation: Discuss patient experience with our multidisciplinary team
5. One commitment: Develop a concrete patient-centred improvement project