

Addressing Bias: Utilizing emerging therapeutics amidst fat-shaming

PANELISTS

Dr. Stephanie Hart • Dr. Sean Wharton

WITH

Dr. Stephanie Zhou • Dr. Nikki Bozinoff



Ontario College of
Family Physicians

**Practising
Well**
Share.
Inspire.
Connect.



Family & Community Medicine
UNIVERSITY OF TORONTO

May 22, 2024

Practising Well: Your Community of Practice

Please introduce yourself in the chat!

Your name,
Your community,
Your twitter handle



@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Stephanie Hart

Relationships with financial sponsors (including honoraria):

- OCFP – Practising Well CoP Speaker

Dr. Sean Wharton

Relationships with financial sponsors (including honoraria):

- OCFP – Practising Well CoP Speaker
- Novo Nordisk, Eli Lilly, Baush Health Canada, Boehringer Ingelheim – Academic Talks
- Novo Nordisk, Eli Lilly, Baush Health Canada, Boehringer Ingelheim, Biohaven, Regeneron – Academic Ad Boards
- Novo Nordisk, Eli Lilly, Baush Health Canada, Boehringer Ingelheim – Clinical Trails

Disclosures

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

Dr. Nikki Bozinoff @NikkiBozinoff

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- CAMH
- Department of Family and Community Medicine (University of Toronto)
- National Institute on Drug Abuse
- Womenmind
- CIHR
- Academic Health Sciences Alternate Payment Plan

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Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

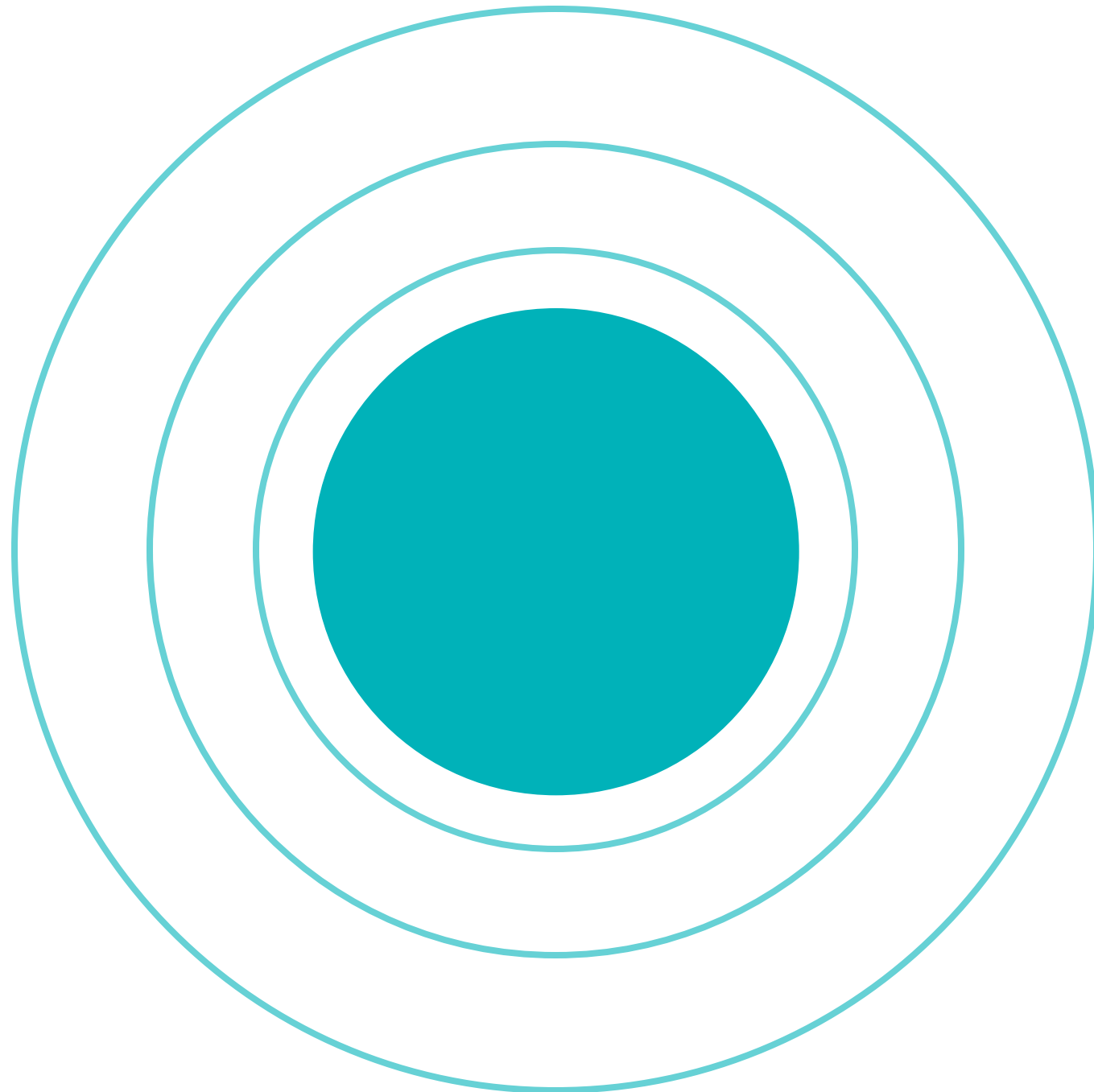
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



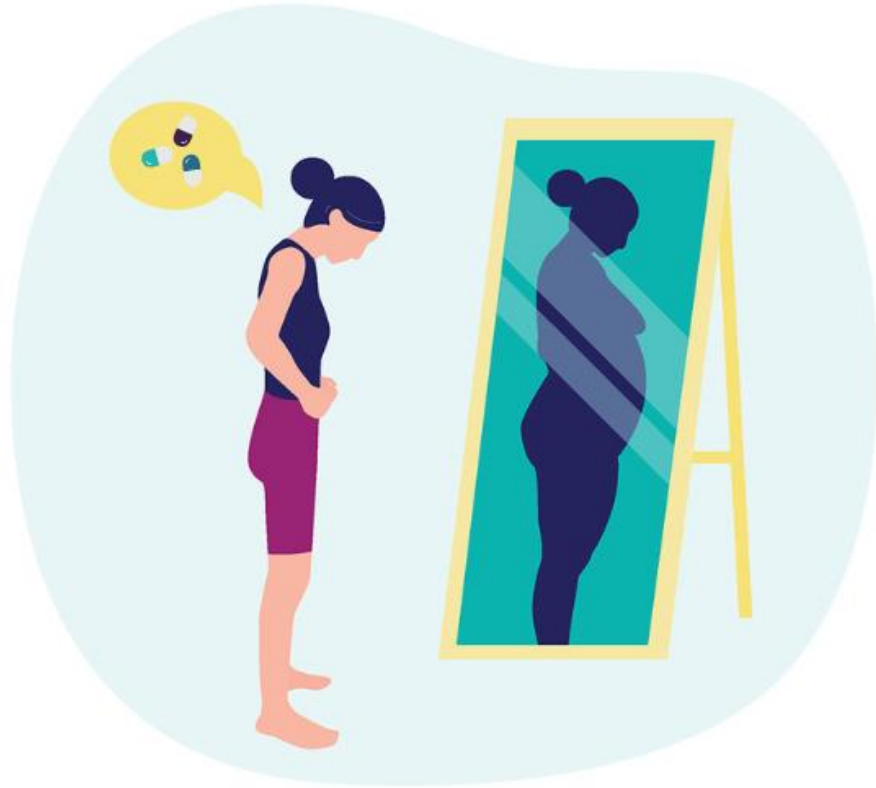
Addressing Bias: Utilizing emerging therapeutics amidst fat-shaming

You raised important questions we'll try to work through together today:

1. How safe is GLP-1 in nondiabetic patients? What is the long-term safety?
2. Why do we continue to use BMI when we know it is not accurate?
3. Who is eligible to GLP-1, and what are the side effects?
4. When patients have success with GLP-1, what is the follow-up plan? Taper or maintain?
5. What is the appropriate language to use and questions to ask when caring for overweight patients?
6. How to best counsel patients?

And other questions you add in the Q&A box...





Your Panelists

Dr. Stephanie Hart

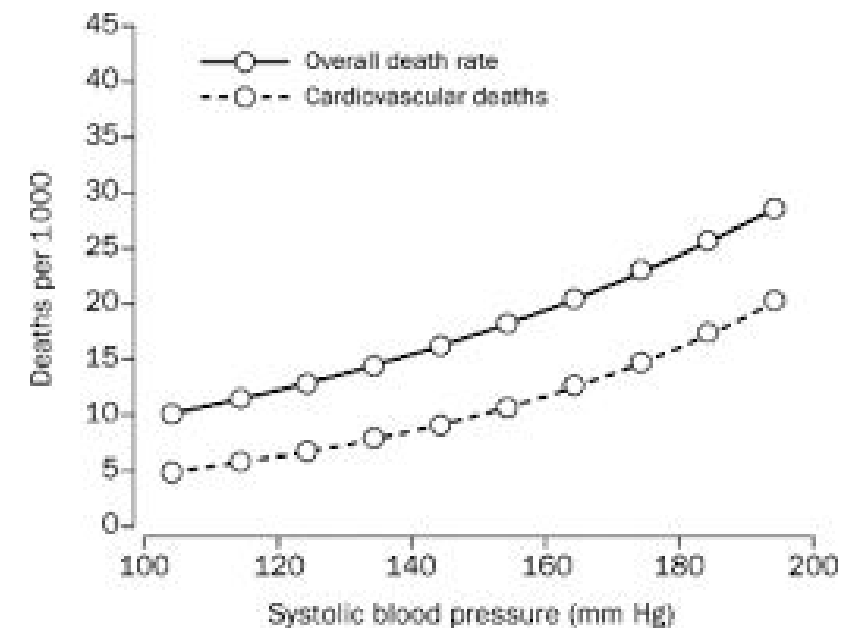
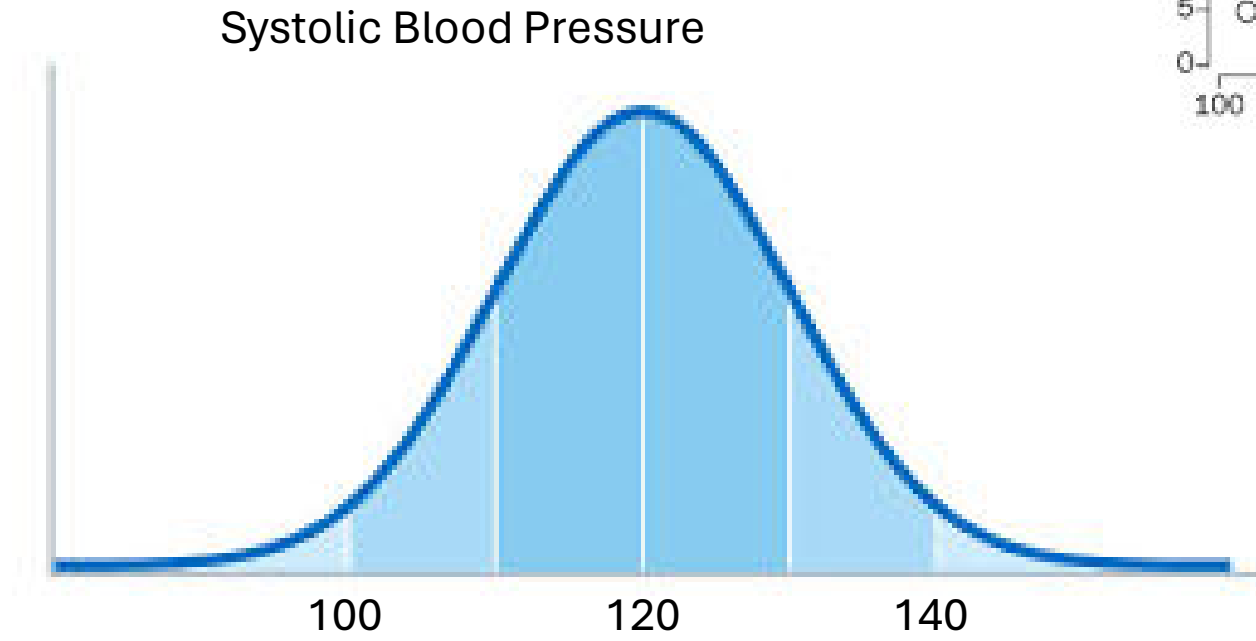
Alberta

Dr. Sean Wharton

Toronto, ON

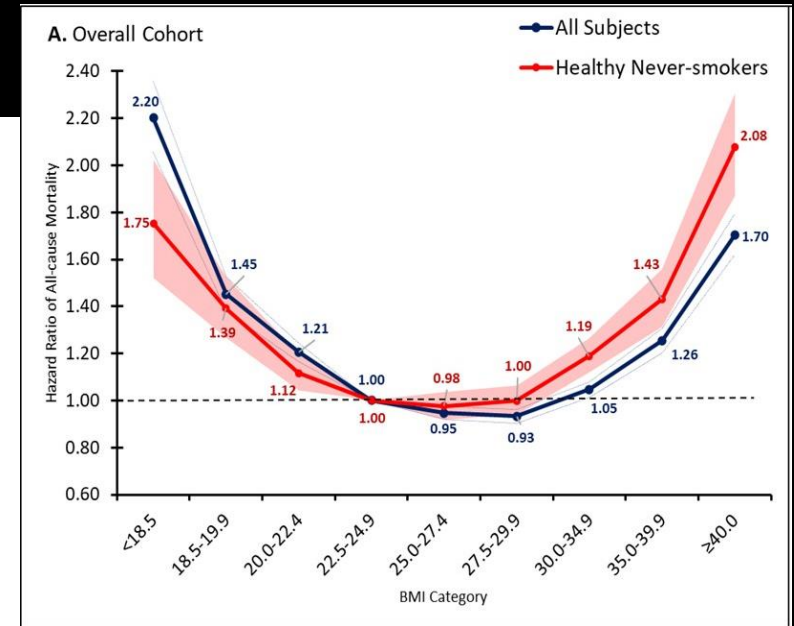
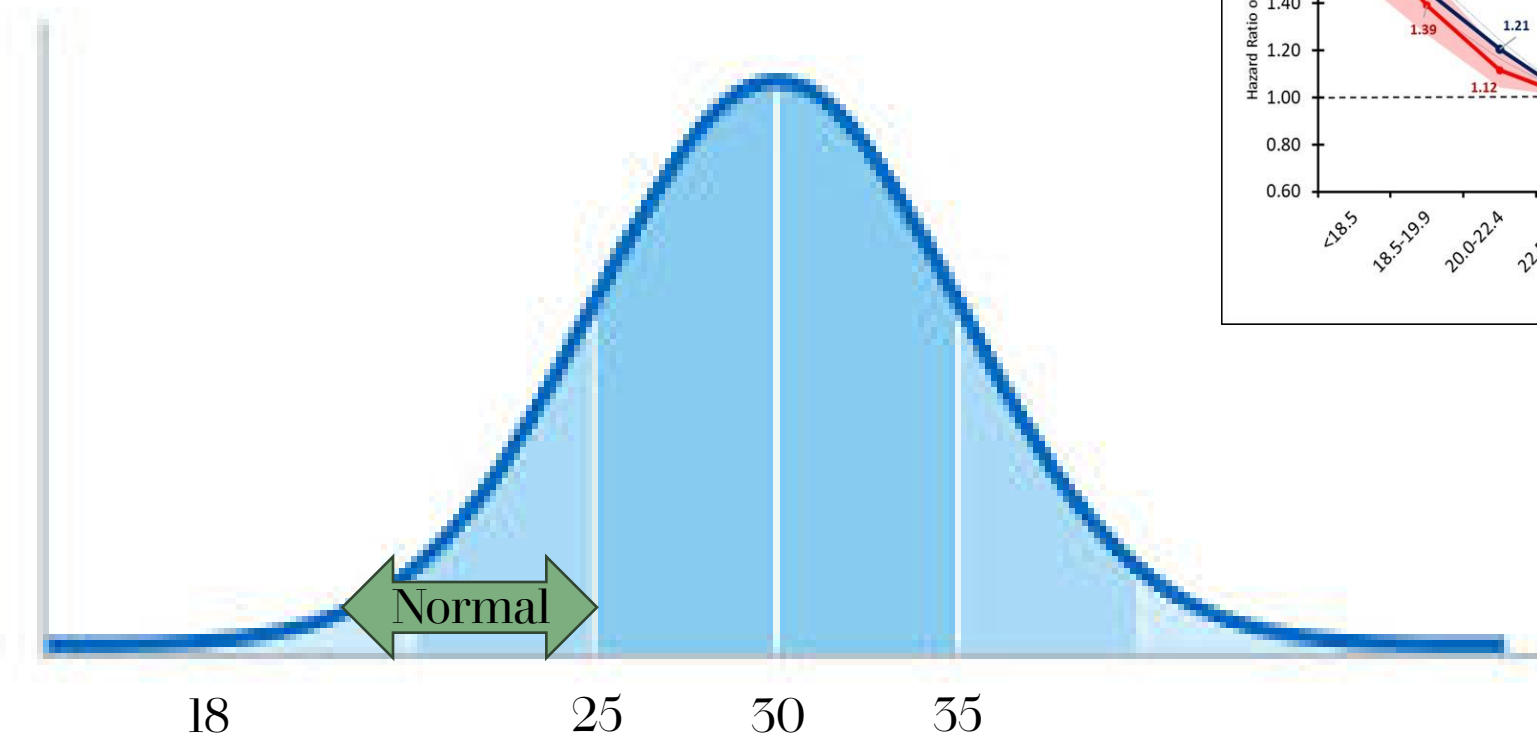
**Addressing Bias: Utilizing emerging
therapeutics amidst fat-shaming**

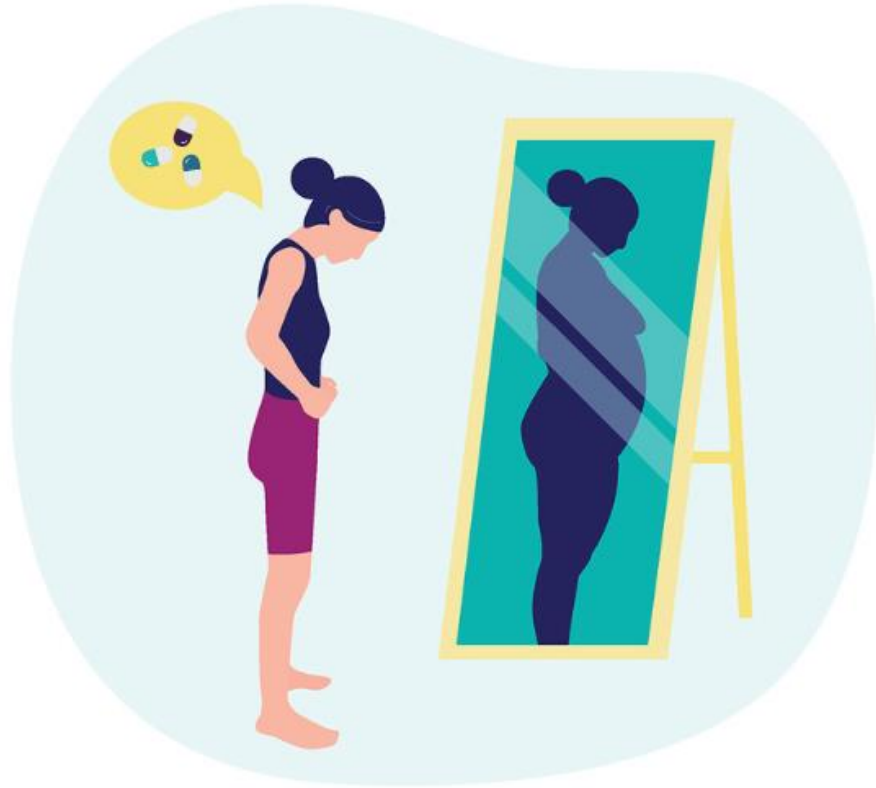
How do we define “normal”?



Hanssen, T.W. et al (2005) Ambulatory Blood Pressure and Mortality. Hypertension 45:499-504

BMI Chart





Your Panelists

Dr. Stephanie Hart

Alberta

Dr. Sean Wharton

Toronto, ON

**Addressing Bias: Utilizing emerging
therapeutics amidst fat-shaming**



Obesity/Weight Bias

Weight Bias

Bias: prejudice in favour of or against one thing, person, or group compared with another, usually in a way considered to be unfair

Weight Bias: refers to negative attitudes and views about obesity and about people with obesity

Almost everyone has weight bias



Obesity bias starts in pre-school

Kornilaki. Hellenic
Journal of
Psychology, Vol. 11
(2014), pp. 26-46



HCP are biased and discriminate against PwO



70%

Of people living with obesity report **experiencing stigma from HCPs.**¹

Call to Action

Recognize that you may have weight bias

1. Puhl and Brownell. *Obesity*. 2006;14:1802-5; 2. Alberga AS, et al. *Primary Health Care Research & Development* 2019;20:1-14.
3. Kirk, SFL, et al. Canadian Adult Obesity Clinical Practice Guidelines. Available from: <https://obesitycanada.ca/guidelines/weightbias>. Accessed August 10, 2020.



Scwhartz M, Brownell K et al. Weight Bias among Health Professional Specializing in Obesity. Obesity Research, 2003. Vol 11, 9

Obesity Guidelines - Chapters

- Reducing Weight Bias in Obesity Management, Practice and Policy
- 17 other chapters
- Obesity Management with Indigenous People

Bias and Discrimination

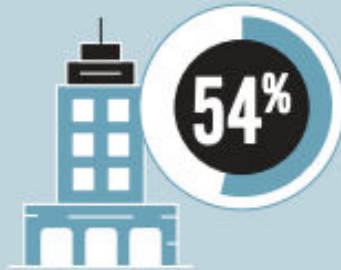
(from a family
doctor in
Canada)

- *Losing weight is too hard because the general attitude of patients coming into my clinic in 2020 is that of **nonaccountability**.*
- *I inquire about their diet and they are incensed when I tell them that **perogies** are not a good choice. (To help these patients)paint billboards with simple common sense info.*

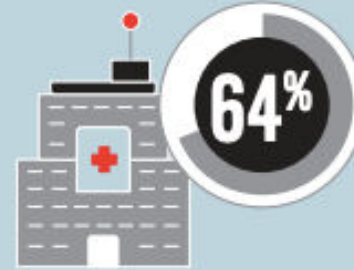
Weight bias and discrimination is rampant in our schools, workplaces, health systems and media.
The problem is widespread.



Elementary school kids with obesity face a 63% higher chance of being bullied



54% of adults with obesity report being stigmatized by coworkers



64% of adults with obesity report experiencing weight bias from a health care professional



72% of images and 77% of videos stigmatized persons with obesity according to recent media studies

Obesity Redefined to Support the Evidence

Then...

“Obesity is defined by a BMI of ≥ 30 kg/m²”



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.”

Combating Weight Bias and Stigma

- Don't use the word Obese, use Obesity
- An obese 35 year old woman presented to the ER
- My obese patient on Ward F
- A 35 year old woman with obesity presented to the ER
- My patient on Ward F, who has obesity

Combating Weight

Ask permission

compassion

...now that obesity is a chronic disease and the way we treated people in the past doesn't work. Would you be interested in addressing your weight at this time?"

Do not Assume you can provide care You can be Compassionate by ASKING

Your weight is in a range that qualifies you for bariatric surgery, is this something you would like to discuss?

YES

NO

Your weight is in a range that qualifies you for the medication treatments, is this something you would like to discuss?

YES

NO

Most people with elevated weight can benefit from psychological intervention, such as CBT, is this something you would like to discuss?

YES

NO

Current versus desired levels of comfort in discussing obesity topics with patients as reported during the baseline needs assessment (N = 91)



Weight Stigma (stereotypes)

- **Weight stigma** refers to social stereotypes and misconceptions about obesity.
- These social stereotypes and misconceptions include beliefs that people with obesity are lazy, unintelligent, and lacking self-discipline.
- 72% of images stigmatize people living with obesity



Obesity Canada – Image Bank - Free

<https://obesitycanada.ca/resources/image-bank/>

~~OBESSE~~



OBESITY

**HOW WE TREAT PEOPLE
CAN HELP TREAT THE DISEASE.**

Resources

Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Type	Link
Obesity Canada	Guideline	<u>Canadian Adult Obesity Clinical Practice Guidelines - Obesity Canada</u>
Obesity Matters	Resource	<u>Home - Obesity Matters (obesity-matters.com)</u>
Wharton Medical Clinic – Medically Managing Obesity	Resource	<u>Wharton Medical Clinic for Weight Loss, Burlington Ontario Home - Wharton Medical Clinic - Medical Based Treatment for Weight Loss, Burlington Ontario</u>
A critical review of weight loss recommendations before total knee arthroplasty	Resource	<u>A critical review of weight loss recommendations before total knee arthroplasty</u>

Resources

Education



Links to resources shared today will be sent to participants following the session.

Practising Well CoP – Self Learning Program

The Practising Well CoP is now certified for self learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 50 Mainpro+ credits.



**Learn More and
Participate**

Peer Connect

Enabling you to connect, share and learn from your fellow family physicians.



Mentorship Program - Connect with a Peer Guide!

An opportunity to partner with another family physician, **one-to-one or in a small group**, for support as you **explore clinical complexity and increase your confidence** caring for patients with mental health challenges, substance use, and chronic pain. A focus can be on your well-being as you engage in this challenging work.



[Peer Connect](#)



practisingwell@ocfp.on.ca

Resources

Supports



Writing Sick Notes

To help educate employers on changing their policies, the OCFP has created this resource for use in your EMRs and clinic workflows for sick notes.

Did you know that most employers in Ontario have eliminated the requirement for sick notes for short illnesses?

While the *Employment Standards Act* permits employers to ask employees for medical notes when taking sick leave, **it is not a requirement of the Act for employers to ask their employees to provide a medical note.** In fact, other provinces have amended their legislation to prohibit employers from doing so.

HERE'S WHY YOUR ORGANIZATION SHOULD RECONSIDER REQUIRING SICK NOTES:



Sick notes impact employee and economic productivity. Many employees would rather go to work ill than spend the time and money getting a sick note, leading to illness spreading in the workplace.



Sick notes strain healthcare resources and take time from patients who need urgent care. Patients should see a doctor only if they require medical care—most common illnesses can be managed at home.



Sick employees should stay home. Travelling to a doctor's appointment or emergency department for a sick note hinders recovery and **needlessly exposes vulnerable patients and healthcare providers to illness.**



Doctors rely on patient's self-reporting of their illness and may not be able to verify it from a medical standpoint.



Many patients are **charged a fee** for sick notes because OHIP does not compensate doctors for providing this non-medical service.



Some patients can't access a doctor during their illness. There is a shortage of family doctors in Ontario. As a result, some patients are unable to get a timely appointment. Over 2 million Ontarians don't have a family doctor at all, and must seek care (and sick notes) through walk-in clinics and emergency departments.



Resources to support your practice

Changes to the CPSO *Continuity of Care: Advice to the Profession*

These updates provide greater clarity around administrative responsibilities for specialists and emphasize clear communication between consultants and family physicians.

What you need to know:

What you need to know:


CHANGES TO THE CPSO ADVICE TO THE PROFESSION: CONTINUITY OF CARE

REFERRALS

- It is important for family physicians to consider whether a patient's condition is within the specialist's **scope of practice**, whether the specialist is **accepting patients** and whether the specialist's practice is **accessible to the patient**.
- Family physicians must include all the information necessary for the specialist to understand the patient's condition and address the questions or concerns they are being asked to consider.
- Specialists can support family physicians by **accepting consultation requests**, where possible, **even if there are minor issues** with the requests (e.g., incorrect or outdated referral forms).
- Specialists can decline referrals that do not provide sufficient information, but they must **communicate their reasons** to the family physician. **Rather than requiring a new referral**, there may be **opportunities** for the specialist to work with the family physician to **clarify any outstanding questions**.
- Acknowledging a referral simply means informing the family physician whether the referral will be accepted**. If it is accepted, specialists can indicate the estimated or actual appointment date; there is no requirement to see the patient **within 14 days**, just a requirement to **review the referral and close the loop**.
- Specialists may have more information about their colleagues than family physicians do. If they are able to **assist in re-directing the referral**, it would be helpful to do so, especially where the referral is for **urgent or unique issues**.


While the type of information that could be included in a referral request is outlined in the **Transitions in Care Policy**, the updated advice notes that it is **up to family physicians to determine what is appropriate** in the circumstances.

The CPSO encourages specialists to be flexible and collaborative with referrals to facilitate smoother coordination and continuity of care; noting that **family physicians and specialists share responsibility for ensuring patients can access the care they need**.

 **Referrals Checklist (OMA)**
Continuity of Care: Guide for Patients and Caregivers (CPSO)

The updated advice explicitly reminds specialists of the **requirements for timely acknowledgement of referrals within 14 days** to ensure patient care is not delayed.

While specialists have no obligation to suggest another provider if they're unable to accept the referral, the CPSO encourages doing so to help ensure timely patient care.

Ontario College of Family Physicians  02

Letter Templates

1. REFERRALS
2. ORDERING TESTS
3. REVIEWING TESTS
4. REFERRAL TO SUB-SPECIALISTS
5. CONSULT NOTES & DISCHARGE SUMMARIES

02 Ordering Tests

Insert practice name & information

Dear Dr. (insert name),

Re: (patient identifier)

Thank you for your thorough and helpful consultation note on the above-mentioned patient. Although I am always eager to collaborate with you in the care of our mutual patients, I will leave the ordering of investigations you recommended in your consult to you.

Include the relevant tests and imaging, where applicable

You'll note that the recently updated advice from [CPSO on Continuity of Care](#) explicitly clarified that: "Any physician who determines a test is needed is responsible for ordering that test, including tracking the results and managing any follow up that stems from that test. By ordering tests that they themselves have deemed necessary, physicians ensure that patient care is not unnecessarily delayed, and that their colleagues are not required to receive results or manage care that falls outside their scope of practice."

Include the following, if desired: I appreciate being copied to receive test results; however, as per the CPSO "it should be clear that I have no additional responsibilities in regard to the tests or results."

Your expertise in this specialized area is greatly appreciated. Please contact me if you would like to discuss this further.

Sincerely,

Dr. (insert name)

Resources

Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health
Health Care Provider (HCP) Resource
Site

<http://www.camh.ca/covid19hcw>

CMA Wellness Hub

<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.

Upcoming Community of Practice

**Pride in Family Medicine: Gender affirming care
with Dr. Rahima Alani and Dr. Thea Weisdorf**

**June 26, 2024
8:00am – 9:00am**

Register Now

practisingwell@ocfp.on.ca



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.