

Closing the Documentation Gap: Weight Counseling in Obese Patients

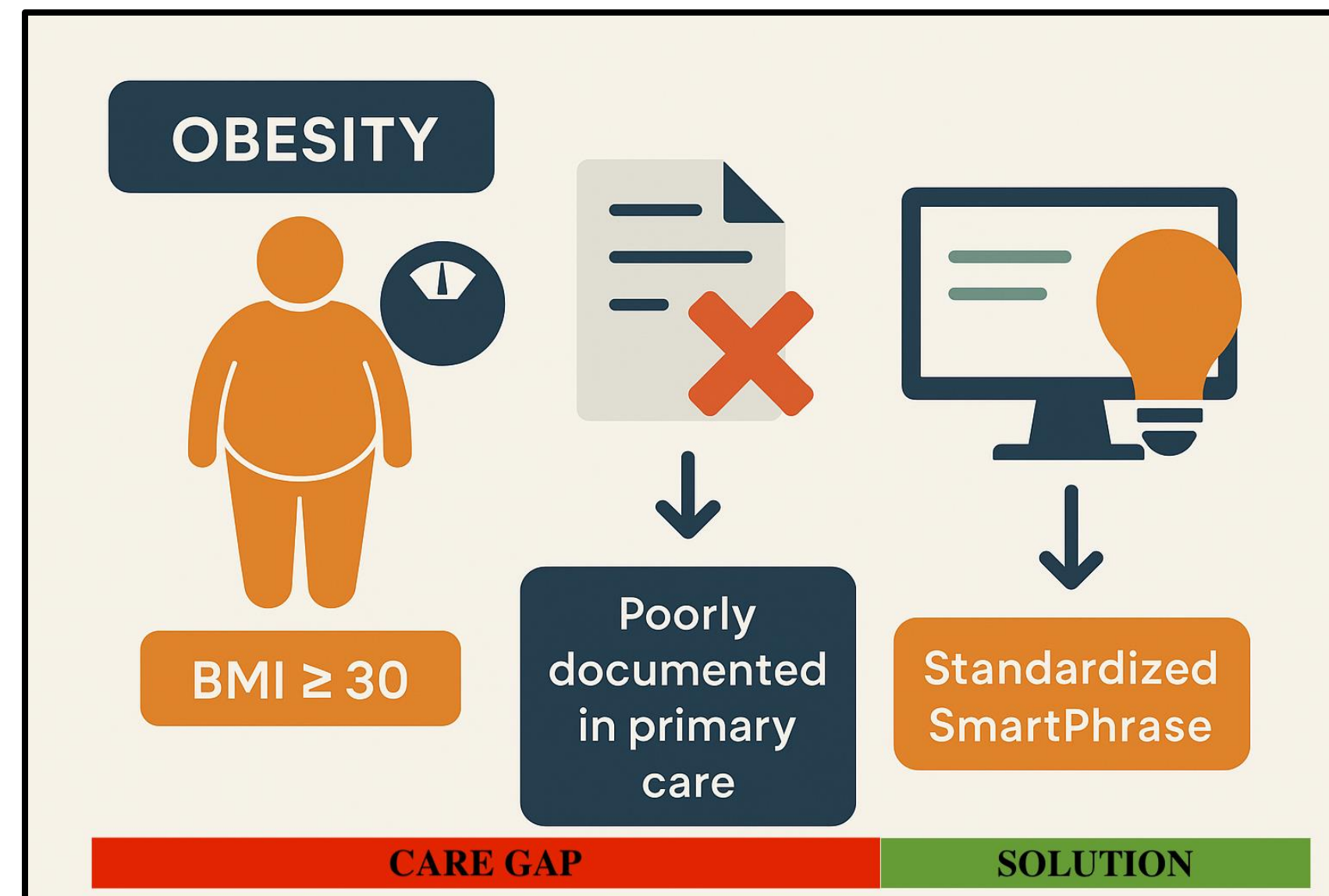


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Background

Obesity is a major risk factor for numerous chronic conditions, and national guidelines recommend that adults with a body mass index (BMI) ≥ 30 receive regular weight management counseling. Despite this, such counseling is often poorly documented in primary care settings, making it difficult to track care quality, support clinical decision-making, or bill appropriately. This project identifies a significant care documentation gap and proposes the development of a standardized SmartPhrase template.



Hypothesis

There is a significant gap in the documentation of weight counseling for obese and overweight (BMI ≥ 30) patients in the Family Medicine setting, and a standardized SmartPhrase, specifically in Epic, has the potential to improve the visibility and consistency of this documentation if implemented.

Methods

Data Source:

Electronic Health Record (Epic) data from Family Medicine visits at Ascension - All Saints [Mount Pleasant, WI], covering January 1 – December 31, 2024.

Population: Adult patients (age ≥ 18) with a body mass index (BMI) ≥ 30 seen in 2024 for a visit.

Methods

Grouping and Filtering:

Visits were categorized by:

- Whether an **obesity-related diagnosis code** (ICD-10: E66.x) was listed as the **primary diagnosis**
- Whether a **CPT code for weight counseling** was documented. (**99401–99404: Preventive counseling (time-based)** / **97802: Medical nutrition therapy**)
- Four mutually exclusive groups were created based on diagnosis and documentation status.

The final dataset included visits divided into:

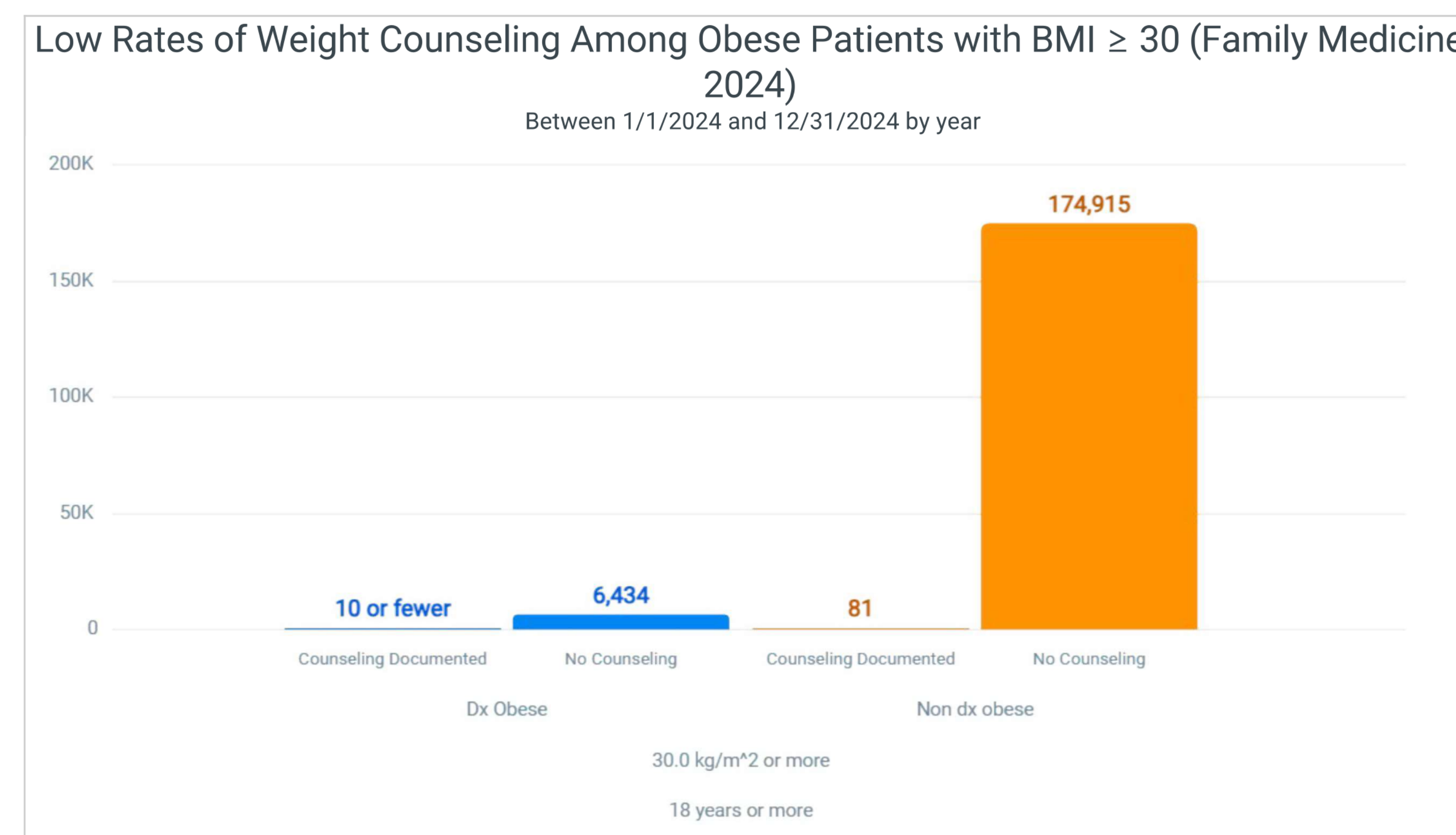
- **Diagnosed vs. not diagnosed with obesity**
- **Counseling CPT code documented vs. not documented**

Results

A total of **181,440** Family Medicine visits in 2024 met inclusion criteria (adult patients with BMI ≥ 30).

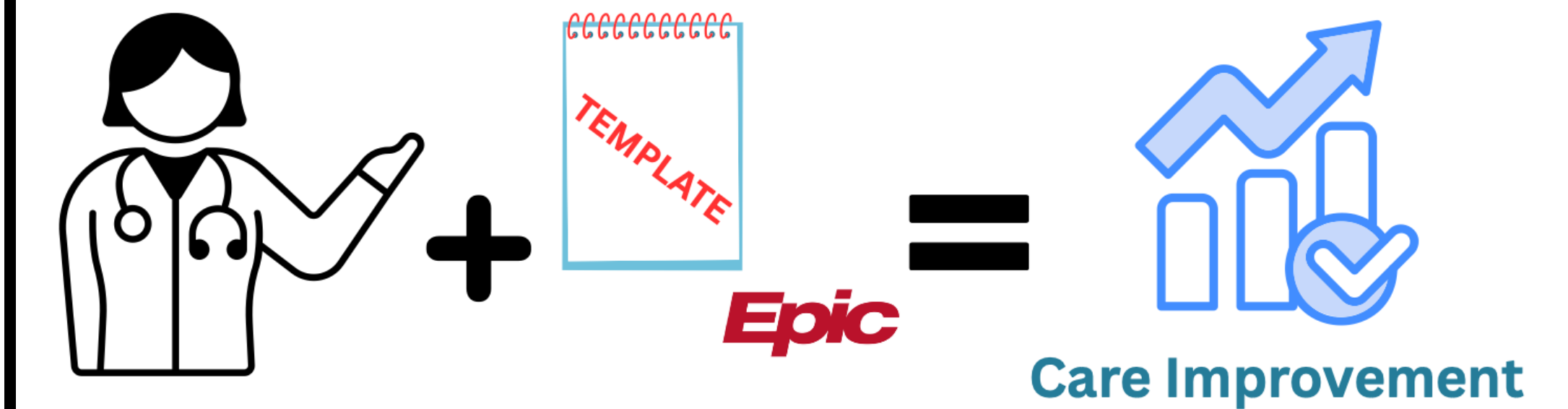
- Only **10 or fewer** visits included both an obesity diagnosis and documented counseling.
- **6,434** visits had an obesity diagnosis without any counseling documented.
- **81** visits documented counseling but did not list obesity as a diagnosis.
- The majority (**174,915 visits**) had neither a diagnosis nor documentation of weight counseling.

This corresponds to counseling documentation in **<0.1%** of all eligible visits, revealing a major gap in obesity-related counseling and documentation.



Group	Visit Count	Counseling Rate
Dx Present, Counseling Documented	≤ 10	$\sim 0.16\%$
Dx Present, No Counseling	6,434	
No Dx, Counseling Documented	81	$\sim 0.05\%$
No Dx, No Counseling	174,915	

Discussion



The findings reveal an underrecognized gap in clinical documentation: weight counseling for obese patients is recorded in fewer than 0.1% of eligible Family Medicine visits. This deficit undermines care continuity, data-driven improvement, and revenue capture. A proposed SmartPhrase template represents a promising future intervention to standardize counseling documentation and support more structured preventive care workflows.

Future Work

The SmartPhrase template is still in the design phase — this project establishes the need and outlines a future path for implementation.

Takeaway:

Even without full implementation, identifying this documentation gap lays the foundation for improvement in obesity care delivery.

Acknowledgements

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References

1. U.S. Preventive Services Task Force. *Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults: USPSTF Recommendation Statement*. JAMA. 2018;320(11):1163–1171.
2. Centers for Disease Control and Prevention. *Adult Obesity Facts*. Updated May 2023. <https://www.cdc.gov/obesity/data/adult.html>

Part of this project utilized support from an AI for drafting and formatting assistance