

Appendix: Focus group script

CONSENT, INTRODUCTION, AND OPENING QUESTION (15 minutes)

[MODERATOR:] Hello and welcome. Thanks for joining our discussion. My name is X and I work for the University of Wisconsin Survey Center. I will be moderating our discussion this evening.

Obesity and its related comorbidities are a common issue that many physicians treat on a daily basis. We are interested understanding how physicians make management decisions regarding their severely obese patients. Today we are going to ask you some questions and present some patient care scenarios. As primary care providers, your perspective on this issue is crucial. We look forward to hearing your feedback.

As we discuss these issues, we want you to know that there are no wrong answers. We just want to hear your thoughts and your opinions. We're recording this session because we don't want to miss any of your comments. No names will be used in any reports or publications. Your comments are confidential.

We placed name tents around the table to help us. You shouldn't feel as if you have to direct your comments to me. If you want to follow up on something someone has said, if you want to agree, disagree, provide an example, please feel free. We ask that only one person talks at a time. My role is to introduce questions and make sure everyone has a chance to talk.

If you have a cell phone, please put it on quiet mode. If you need to take an urgent call or leave the room, please step out in the hall and rejoin us as soon as you're able. Feel free to get up for more refreshments if you'd like.

With that in mind, let's get started by going around the table one at a time. Please introduce yourself and tell us your favorite thing to do in Madison/Mauston/Milwaukee.

TRANSITION QUESTION**(5 minutes)**

Okay, thank you for that. For the next questions, you don't have to go around the table one by one – anyone can begin, and please feel free to jump in anytime.

Our topic this evening is obesity. As you know, the U.S. has experienced a significant increase in the prevalence of obesity over the past 40 years and this has had major impacts on our society. Tonight, we'll be discussing morbidly and severely obese adult patients – those who are typically 100 pounds or more overweight and/or have a BMI of 35 or higher.

I'd like to start by touching on the challenges of taking care of obese patients. What do you see as the major challenges regarding the treatment of obese patients?

PROBE: Does anyone else have another example of a major challenge regarding the treatment of obese patients?

MODERATOR NOTE: 2-3 EXAMPLES SUFFICE.

KEY CONCEPT #1:**(19 minutes)**

Next, I'd like to discuss the question of whether obesity should be regarded as a disease. I'd like to hear your thoughts on this.

QUESTION 1.1: Can anyone start us out by sharing your thoughts on whether obesity should be considered a disease?

LISTEN FOR: (Don't need to specifically ask- but can use as probes if necessary)

- A. Genetics
- B. Individual behavior
- C. Availability of treatment (such as medication or surgery)
- D. Knowing the cause of obesity
- E. ICD-9/10 Codes

PROBE: The American Medical Association recently classified obesity as a disease. How did this impact your perception about whether obesity is a disease?

QUESTION 1.3: Is there a specific point along the obesity spectrum where you consider obesity to be a disease?

LISTEN FOR:

- BMI threshold
- Weight
- Quality of Life

PROBE (If Time): For example, is obesity a disease for a patient with a BMI of 45 and no comorbidities?

PROBE (If Time): How about a patient with a BMI of 36 and no comorbidities – is this patient's obesity a disease?

PROBE (If Time): Should obesity be considered a disease if a patient's BMI exceeds 30 as defined by the World Health Organization's guidelines for obesity?

FLIPCHART 1

Now, I am going to present you with a clinic vignette and then I'd like to get your reactions to it. In this vignette, we'll be talking about a hypothetical patient, Robert Smith. Robert is a 52 year old male who presents to your clinic for the first time. He wants to establish you as his primary care physician. He is severely obese. His BMI is 46. He has diabetes – his hemoglobin A1c is 10.5. He also has hypertension – his blood pressure is 155/88 in clinic. He has no history of end organ damage such as heart attack, stroke, or renal insufficiency. Robert has a history of obstructive sleep apnea and anxiety, and he smokes 1 pack of cigarettes per day. He is employed as a factory worker and has no children. Of course, if this were actually your patient you'd have more information but for the purposes of this group, this is all you have. Finally, let's assume that the time you have available with Robert at his first visit is the standard time you have for a new clinic visit.

QUESTION 2.1: My first question about this vignette is: Which of Robert's conditions would you address during his first clinic visit and why?

PROBE (ASK ONLY IF NOT MENTIONED AT Q 2.1): Do/es A, B, C, D factor in to your thinking about which conditions you would treat during Robert's initial visit? If so, how?

- A. Amount of available clinic time
- B. Your own comfort with managing obesity
- C. Your belief that an effective treatment exists
- D. The likelihood that you'll be reimbursed for providing counseling and recommendations for specific treatments

PROBE (IF NEEDED): What else factors in to your thinking about which conditions you would treat during Robert's first clinic visit?

QUESTION 2.2: For those of you who would address Robert's obesity in his initial visit, what recommendations would you make to him?

LISTEN FOR:

Medications, Lifestyle changes

PROBE: What challenges would you expect to encounter regarding your recommendations?

QUESTION 2.3: We've been talking about Robert's case, but for the next question I'll ask you to think more generally about your experiences with treating morbidly obese patients. How effective do you feel as a primary care physician in helping your morbidly obese patients achieve sustained weight loss by recommending dietary and lifestyle changes?

QUESTION 2.4: In general, how successful do you feel your morbidly obese patients are when they follow a diet and/or an exercise program?

FLIPCHART 2

Now I'd like to return to our vignette about Robert Smith. Robert follows up with you as instructed several times over the next 6-12 months. He is now on metformin, lantus and lispro, and hydrochlorothiazide. His blood pressure is well controlled, his blood sugars are improved (his hemoglobin A1c is down to 9.0). His anxiety is manageable and he uses his CPAP nightly. He has stopped smoking with the help of counseling and bupropion. His attempts at weight loss, which have included several commercial diets and tailored diets suggested to him by a dietician, have not resulted in weight loss – his BMI, which was 46 at his initial visit, is currently 47.

QUESTION 3.1: How would you care for Robert at this point?

PROBE: Would you refer Robert for bariatric surgery?

IF NO: QUESTION 3.2: For those of you who would not refer Robert for bariatric surgery, what are the main considerations that you would make in arriving at that decision?

PROBE (If Time): Under what circumstances would you refer Robert for bariatric surgery? For instance, if Robert's diabetes worsened or if he was diagnosed with coronary artery disease, would he be a good candidate for bariatric surgery?

IF YES: QUESTION 3.3: For those who would refer Robert for bariatric surgery, what would you say to him regarding why you're making this referral?

QUESTION 3.4: In general, what are the main challenges that patients face regarding bariatric surgery referral?

QUESTION 3.5: What are the main challenges that referring providers face regarding bariatric surgery referral?

QUESTION 3.6: What do you think about the riskiness of bariatric surgery in general?

QUESTION 3.7: What do you think about the effectiveness of bariatric surgery in general?

QUESTION 3.8: Would your patient most likely undergo a laparoscopic or open bariatric procedure?

PROBE: Do you consider bariatric surgery as a mostly cosmetic procedure?

You have helped us a great deal today by sharing your thoughts and opinions regarding morbid obesity. Is there anything else that you would like to add to what you've said already on how we, as clinicians and researchers, should be thinking about obesity in general?

CLOSING AND EXIT SURVEY

(5 minutes)

Thank you very much for coming and sharing your ideas and experiences with us today. Before you leave, we'd like to invite you to fill out a very brief questionnaire. Your responses to the questionnaire are important to us. And, like everything that we talked about today, your responses to the questionnaire are confidential and voluntary and will be used only for research purposes.

HAND OUT EXIT SURVEY.