



AMERICAN BOARD of OBESITY MEDICINE

An Inside Look

by Dana Brittan, MBA

Obesity is a complex disease affecting millions of Americans nationwide. Today, there are many options available for the treatment of obesity; however, individuals often express frustration in trying to work with their healthcare provider when it comes to treating their obesity. Patients say that they often hear the words “Eat less and move more.” Unfortunately, treating obesity is not that simple. In an effort to help healthcare professionals understand more about obesity and its treatments, the American Board of Obesity Medicine (ABOM) was established. ABOM certified physicians are equipped to work with individuals affected by the disease of obesity and recognize that there’s no one-size-fits-all approach to treating this complicated disease.

WHAT IS THE ABOM?

The ABOM was founded in 2010 to serve the public and the field of obesity medicine. The ABOM Board of Directors and Staff are dedicated to raising awareness about the field of obesity medicine and the opportunity for certification. There are currently more than 850 ABOM Diplomates in the United States and Canada.

Physicians who complete the ABOM certification process in obesity medicine are designated as Diplomates of the American Board of Obesity Medicine. “Achieving recognition as a Diplomate of the ABOM is a great honor. It distinguishes a physician as a competent clinician who is skilled and knowledgeable in the care of patients with obesity who are seeking professional assistance,” says Robert Kushner, MD, Chair of the ABOM.

In other words, the ABOM distinguishes a physician as having achieved a higher level of understanding in obesity care by completing specialized education. Obesity medicine physicians meet rigorous qualification and assessment requirements. Physician candidates are required to meet the following eligibility requirements before they can even apply to take the examination:

- **Proof of completion of U.S. or Canadian medical residency such as internal medicine, family practice or pediatrics**
- **Active board certification in an American Board of Medical Specialties (“ABMS”) member board or osteopathic medicine equivalent**
- **A minimum of 60 credit hours of continuing medical education recognized by the American Medical Association Physician Recognition Award Category 1 Credits on the topic of obesity**

“It is important that candidate physicians demonstrate that they have completed a residency, hold an active board certification, and completed at least 60 hours of additional education prior to being allowed to sit for the examination. This ensures that the physician is well-versed in the practice of medicine and has spent the additional time necessary to focus on topics that are pertinent to the sub-specialty of obesity medicine,” according to Dr. Kushner.

Once the board has determined that a physician candidate is eligible to take the examination, the physician candidate must then prepare for and pass the Certification Examination for Obesity Medicine Physicians. Approximately 70-75 percent of physician candidates pass the examination per year.

WHAT IS AN OBESITY MEDICINE PHYSICIAN?

By definition, an obesity medicine physician is a clinician with expertise in the sub-specialty of obesity medicine. This requires competency in and a thorough understanding of the treatment of obesity and the genetic, biological, environmental, social, and behavioral factors that contribute to obesity.

The obesity medicine physician employs therapeutic interventions including:

- **Diet**
- **Physical Activity**
- **Behavioral Change**
- **Pharmacotherapy**
- **and Bariatric Surgery**

The obesity medicine physician also utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, psychologists and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician can help pre and post-surgery bariatric patients with their care, advocate for those affected and work on obesity prevention as well.

HOW DOES ABOM WORK WITH OTHER HEALTH-FOCUSED ORGANIZATIONS?

The ABOM aims to unify the field of obesity medicine under one certification process and to attract the support of as many meaningful partnering organizations as possible. The following societies and organizations are supporting partners with the ABOM and provide endorsement and educational activities to their respective members:

Primary Obesity CME Partners

- **American Society of Bariatric Physicians**
- **Harvard Medical School Blackburn Course in Obesity Medicine**
- **Columbia University Institute of Human Nutrition**
- **The Obesity Society**

Obesity-Related CME Partners

- **American Society of Metabolic and Bariatric Surgery**
- **Canadian Obesity Network**
- **Cardiometabolic Health Congress**
- **Cardiometabolic Risk Summit**
- **Cleveland Clinic Obesity Summit**
- **Let's Go**

- **Mayo: Nutrition & Wellness in Health & Disease**
- **USF: Making Sense of Treatment Guidelines for Obesity**
- **World Congress on Insulin Resistance, Diabetes & Cardiovascular Disease**

American Board of Medical Specialties (ABMS) Fields of Medicine Partners

- **American College of Physicians**
- **American College of Preventive Medicine**
- **American Congress of Obstetricians and Gynecologists**
- **American Gastroenterological Association**
- **The Endocrine Society**

Public Health Partners

- **American Society of Metabolic and Bariatric Surgery Foundation**
- **Obesity Action Coalition**
- **STOP Obesity Alliance**
- **The Obesity Treatment Foundation**

WHY IS IT IMPORTANT FOR YOUR PHYSICIAN TO BE ABOM CERTIFIED?

Obesity medicine physicians are committed to providing effective, evidence-based therapy for patients who are affected by excess weight or obesity. They recognize the need for a comprehensive approach that considers the multiple factors contributing to obesity including lifestyle, medical, pharmacological and surgical treatment options.

National studies have shown that obesity counseling rates remain low among healthcare professionals. The reasons vary and include time restraints during a busy practice, lack of effective treatment options and practical tools, low confidence or insufficient training in weight management skills and counseling, or concern that raising the topic will be interpreted by the patient as being insensitive. These factors suggest that there is a big gap between recommended obesity care and current physician practice.

An ABOM physician has been trained and is prepared to talk with you about your weight struggles. As the beginning of this article stated, "Obesity is a complex disease." Through a strong patient-physician relationship, we can work with one another to address this nationwide epidemic and help individuals affected by the disease of obesity.

About the Author:

Dana Brittan, MBA, is the Executive Director of the American Board of Obesity Medicine. She completed her undergraduate degree at the University of Missouri-Columbia and her MBA at the University of Miami where she specialized in logistics and operations management.

ABOM FAQ

1. MY CURRENT DOCTOR/SURGEON IS NOT ABOM CERTIFIED. IS THIS BAD?

Just because your current doctor or surgeon is not ABOM certified does not mean they are unable to help you address your obesity. If you are comfortable with your physician and are addressing your weight in a proactive manner, we encourage you to continue working with your current doctor/surgeon. However, if you feel that your doctor is avoiding the conversation of weight, it may be best that you locate an ABOM doctor in your area.

2. IS IT MORE EXPENSIVE TO SEE AN ABOM CERTIFIED DOCTOR?

There shouldn't be any difference in cost regardless if your doctor is ABOM certified or not. It's best that you contact your insurance provider and confirm that the ABOM doctor is covered under your plan.

3. WHERE CAN I FIND AN ABOM DOCTOR?

To locate an ABOM certified physician, please visit <http://abom.org/diplomate-search/>.

4. I HAVE A HARD TIME LOSING WEIGHT. IS IT A GUARANTEE THAT I'LL LOSE WEIGHT WITH AN ABOM DOCTOR?

Obesity is very complex, and this is why the ABOM was created to help train doctors in the field of obesity medicine. No doctor can guarantee weight-loss; however, an ABOM doctor is best qualified to help you in your weight-loss journey.

5. DO ABOM DOCTORS USE ANY TYPE OF MEDICATION OR SUPPLEMENT FOR OBESITY?

ABOM doctors only use FDA-approved medications for the treatment of obesity.

6. IF I GO TO AN ABOM DOCTOR, DO I STILL HAVE TO SEE A DIETITIAN AND OTHER HEALTHCARE PROFESSIONALS.

An ABOM physician is one piece to the healthcare puzzle. It is important that any weight-loss plan include a comprehensive team which may include a dietitian, psychologist, exercise physiologist and others.

7. IF I HAD SURGERY, CAN AN ABOM DOCTOR STILL HELP ME?

They will work in conjunction with your bariatric surgeon to help you manage your weight and improve your health. Think of an ABOM physician as another part of your healthcare team.

8. DOES AN ABOM DIPLOMATE HAVE KNOWLEDGE OF APPROPRIATE COMMUNICATION AND ISSUES RELATED TO WEIGHT BIAS, STIGMA, AND DISCRIMINATION?

Yes, these subjects are covered by the ABOM examination.

9. MY BARIATRIC SURGEON IS NOT ABOM CERTIFIED. DOES THIS MEAN THEY DON'T KNOW HOW TO HELP ME WITH MY WEIGHT?

If your bariatric surgeon is not ABOM certified, that does not mean that they are not able to help you with your weight. ABOM certification is still fairly new, and your surgeon may not have had an opportunity yet to be certified. Continue working with your healthcare team and monitor your progress. You may even want to inquire with him/her regarding the ABOM and see if they plan on becoming certified in the future.

10. HOW LONG DO I HAVE TO WAIT TO SEE AN ABOM CERTIFIED PHYSICIAN?

Wait times to see an ABOM doctor will vary depending on availability. Use the ABOM's Diplomate search function to locate an ABOM physician in your area and contact the physician for more information.

ABOM BOARD MEMBER SPOTLIGHT

The ABOM Board of Directors is comprised of 12 individuals who specialize in the field of obesity medicine. In this article, we're excited to share with you a Q&A with board members Dyan Hes, MD, FAAP; and Robert Huster, MD.



DYAN HES, MD, FAAP

WHY WERE YOU INTERESTED IN RESEARCHING OBESITY AMONG CHILDREN AND ADOLESCENTS?

Growing up I was one of three sisters. I was extremely underweight, despite the fact that I ate all the time. My middle sister loved to eat and put on weight very easily; this caused her problems her whole childhood. My younger sister was normal weight, and food wasn't an issue for her. I knew I wanted to be a doctor since I was a young child and I knew there was something different genetically between my sisters and myself. We all ate the same food, yet we all had such different body types. It was clear to me that we all had different genetic makeups. Body shape was always an issue in my house. While my grandparents were trying to fatten me up, they were always worried that my middle sister was gaining weight too quickly. As we grew older, and my sister continued to gain weight, I saw how her weight negatively affected her self-esteem. Despite the fact that she was such a beautiful child, teachers would make rude comments like "are you sure you two are sisters?" Since I can remember, I always wanted to help children who were affected by obesity to avoid suffering from the complications of obesity both mental and physical.

WHAT EXPERIENCES FROM YOUR CHILDHOOD IMPACT THE WAY YOU PRACTICE OBESITY MEDICINE?

Because of what I witnessed as a child, I believe that my treatment plan comes from the heart along with a medical book. I am very empathetic toward my patients who are often teased and bullied because of their weight, since I saw it first-hand growing up. I also try to take the blame out of the equation; children often blame their parents, and parents often blame their children when obesity is the issue. I try not to dwell on the past with the family, and just talk about making positive plans for the future.

CAN YOU DESCRIBE WHAT YOUR PATIENTS MOST LOVE OR VALUE IN WORKING WITH YOU?

I think my patients love that I am not judgmental. My goal is not to make someone thin, but to make them healthy. We talk a lot about being healthy on the inside, and that my weight-loss program is not like the false commercial advertisements that they see on TV. We talk about the health risks, including but not limited to diabetes and heart disease. There is no one-size-fits-all with my weight-loss plan -- each plan is individualized to the patient. As a physician, it is very important to determine whether the child wants the change or the parent wants the change. Without the patient on board, it is a difficult task. It's all about stages of readiness.

WHAT IS THE GREATEST VALUE IN SEEING AN ABOM DIPLOMATE VERSUS A PHYSICIAN WITHOUT SPECIALIZED TRAINING IN OBESITY?

Some physicians like to call themselves obesity medicine doctors without any training. This is dangerous. Obesity medicine in an evolving field, and it is imperative that a doctor who wants to specialize be trained properly. The ABOM has created a rigorous, yet practical, pathway for a physician to become an obesity medicine specialist. Since most of us did not learn about obesity in our training, it requires a great deal of motivation on the part of the physician to educate themselves about this disease. An ABOM physician has the tools and the foundation to help their patients to the best of their ability. It means that they are up to date on the most current medicines, surgeries, and other treatments to help their patients.

About Dr. Hes:

Dr. Dyan Hes is Medical Director of Gramercy Pediatrics in New York City and a Director of the American Board of Obesity Medicine. She is Board Certified in both pediatrics and obesity medicine, and practices both in her New York office. In addition, she serves as Clinical Assistant Professor of Pediatrics at the Weill Medical College of Cornell University. You can contact Dr. Hes on Twitter @GramercyPeds.



ROBERT HUSTER, MD

WHY DID YOU TRANSITION FROM A TRADITIONAL OB/GYN PRACTICE TO ONE THAT INCORPORATES THE TREATMENT OF OBESITY?

As a gynecologist, I have always felt it is my responsibility to open the dialogue with my patients regarding their lifestyle as it impacts their overall health. A discussion of healthy weight is a natural part of that. Excess body fat impacts infertility and conditions such as Polycystic Ovarian Syndrome, thus weight-loss is often an important part of their treatment plan. Educating patients about not only safe, but effective, weight management should be a priority for all physicians. As I learned about new approaches and individualized treatment plans, the excitement and satisfaction that my patients exhibited was inspiring. The personal satisfaction I felt daily, seeing those smiles, made the transition from a traditional OB/GYN practice to a dual gynecology/obesity medicine practice an easy one.

HAVE YOU EVER BEEN IMPACTED BY OBESITY?

My interest in obesity medicine began with my own personal journey. As a child affected by obesity, adolescent and adult, I was always acutely aware of being “fat.” I remember being prescribed an appetite suppressant by my pediatrician. I remember the serious discussion my sixth grade PE instructor had with my family about my weight and the urgency that “something needs to be done.” And I remember many weight-loss efforts, successful in the short term, but eventually failing.

Both of my parents were affected by obesity, had type 2 diabetes, and heart disease. Many of the co-morbidities we now associate with obesity were present and not only shortened their lives, but also significantly altered the quality of their lives. My mother died on dialysis with kidney failure as a complication from her diabetes.

As an adult at age 51, having lost on three occasions 100, 80, and 70 pounds only to regain the majority of my weight, I found myself with severe obesity. I was determined not to proceed down the path of my parents’ health. It was time for a change. On the advice of my bariatrician, I underwent a Roux-en-Y gastric bypass. I was successful in losing 100 pounds. Throughout the last 12 years, I have successfully

maintained my weight with careful attention to diet and physical activity. I now feel in control using this wonderful “tool” that was given to me.

CAN YOU DESCRIBE WHAT YOUR PATIENTS MOST LOVE OR VALUE IN WORKING WITH YOU?

The personal interest and enthusiasm that I “bring to the table” is important to my patients. I encourage them to anticipate success as we make this journey together. During all initial interviews, I show them my picture when I was at my highest weight. On more than one occasion, the smiles I see indicate that they appreciate my personal history and struggles. The empathy that a physician can share should never be underestimated as a powerful tool.

WHAT IS THE GREATEST VALUE IN SEEING AN ABOM DIPLOMATE VERSUS A PHYSICIAN WITHOUT SPECIALIZED TRAINING IN OBESITY?

The reluctance of many physicians to treat overweight and obesity has many facets. Education in medical school and residency about weight management is largely non-existent. In a primary care setting, pressure to see as many patients as possible in a short period of time makes it difficult to open this discussion. It is much easier to ignore it. The current reluctance of third party payers to reimburse for obesity treatment is the third factor that many cite as a reason for “non-treatment.”

As a Diplomate of the ABOM, a physician demonstrates a strong commitment to his/her education regarding the evaluation and treatment of overweight and obesity. As new therapies and treatments become available, the ABOM Diplomate positions themselves as the community expert on these topics. It signifies that the Diplomate has both the interest and willingness to address this area of medicine. As a resource, a Diplomate can publicize and direct efforts in obesity treatment. Importantly, he/she can advocate for the patient and influence policy on both state and national level.

About Dr. Huster:

Dr. Robert Huster is a graduate of the University of Missouri – Columbia, School of Medicine and is board certified in both Obstetrics/Gynecology and Obesity Medicine. He served as the Chairman of the American Board of Bariatric Medicine from 1997-1999 and is currently serving as a director of the American Board of Obesity Medicine. Dr. Huster practices both Gynecology and Bariatric Medicine in his private practice in Liberty, Missouri, just north of Kansas City.



ABOUT THE OBESITY ACTION COALITION (OAC)

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



VIBRANT COMMUNITY



NATIONAL AWARENESS CAMPAIGNS



ANNUAL CONVENTION



ADVOCACY



PUBLIC EDUCATION

LEARN, CONNECT, ENGAGE

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

Through the OAC Community, you can get access to:

- Weight & Health Education • Community Blogs
 - Community Discussion Forum
 - Ongoing Support • Meaningful Connections
- AND MUCH MORE**



JOIN TODAY: GO TO OBESITYACTION.ORG/JOIN

info@obesityaction.org

(800) 717-3117 | (813) 872-7835 | Fax: (813) 873-7838



@ObesityActionCoalition

@ObesityAction