

CASE STUDY

How UCHealth lowered population-level obesity rates in their region

Health systems across the United States are looking for ways to care for their patients with obesity while balancing tight margins and a shrinking workforce. Leaders at University of Colorado Health System (UCHealth) implemented three elements to tackle obesity within their own state. They aimed to improve weight management care without investing heavily in obesity specialists and programs by empowering existing primary care teams and non-obesity specialists to share the responsibility. Read on to learn how UCHealth reversed population-level weight gain.

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Audience:

- Hospital and health systems
- Physicians and medical groups

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Overview

The challenge

Managing obesity is a common challenge, especially for health systems that don't have robust medical obesity programs. While some health systems are investing in new weight management programs staffed with obesity specialists, workforce and financial limitations make this an unrealistic path for many. These health systems must find ways to support the workforce they have and remove barriers preventing them from providing quality weight management care.

There are many barriers to work through. Specialists, particularly endocrinologists and cardiologists, often see patients with obesity but have limited time to focus on weight management when more acute conditions are present. Primary care providers (PCPs) lack the time and resources to manage obesity effectively and worry about disengaging patients who don't want to talk about weight management. Both PCPs and specialists struggle to keep up with the rapid rate of innovation in obesity treatments.¹

Approximately 90% of people living with type 2 diabetes are considered overweight or obese.² Since 1999, the number of obesity-related cardiovascular disease deaths tripled.³

UCHealth is one of many organizations attempting to tackle these barriers. They serve a population where obesity and type 2 diabetes are highly prevalent and often coexist with other cardiometabolic conditions. UCHealth leaders found that only 25% of their adult patients with a BMI of 25 or greater were discussing their weight with their clinicians. This highlighted the urgent need for system-wide improvement.

The organization

UCHealth is a Colorado-based health system that serves patients throughout the state. Its facilities include an academic medical center, multiple community hospitals, and both primary and specialty care clinics. UCHealth's academic programs use a mixed-specialty approach (e.g., pharmacy and medical students often share classes), which influences their organizational culture by encouraging collaboration across specialties and attracting leaders who support multidisciplinary care. Researchers and patient care teams also overlap, enabling them to test, refine, and scale grant-funded research within the health system.

The approach

As UCHealth evaluated how to improve obesity care within their health system, they leveraged their collaborative culture to design a program that would meet the needs of their population without needing to hire additional obesity care specialists. Specifically, UCHealth focused on helping a variety of non-obesity specialists provide weight management care. They accomplished this with three key elements.

Element 1: Embedded pharmacists into specialty care teams that often treat patients with obesity, including cardiologists and endocrinologists. The pharmacists support medication selection and access, streamlining prior authorizations. They also support patients with dose titration and side effect management.

Element 2: Established a primary care visit type exclusively for weight management care. Patients opt in for these appointments and complete intake questionnaires ahead of time. This approach ensures that each visit aligns with the patient's needs and keeps them actively involved in their care. It also prevents them from disengaging patients who don't want to talk to their PCP about their weight when scheduling visits for other medical needs.

Element 3: Developed an Epic-integrated care process designed to guide specialists and PCPs through referrals, medication selection, and insurance requirements. The tool makes it easier for clinicians (especially those without clinical pharmacist support or specialized obesity training) to make treatment decisions and referrals. They scaled the tool rapidly to 66 clinics, reaching approximately 750,000 patients.

The result

UCHealth's efforts to remove barriers to weight management support and empower non-obesity specialists ultimately impacted obesity rates at the population level. At the population level, Colorado experiences an average weight gain of 0.47 kg over 18 months, similar to the United States overall. UCHealth's intervention changed the direction of the trend from weight gain to weight loss. Their patients with obesity lost 0.1 kg on average, a total swing of 0.58 kg over 18 months. Their approach also increased the likelihood that patients would receive weight-related care by 23%.⁴ For this portion of the population, patients lost an average of 1.73 kg over 18 months. While the weight each individual lost was modest, this population-level impact is a significant win.

3 elements that reshaped obesity care at UCHealth

To improve obesity care without building a stand-alone program, UCHealth focused on three key elements that made weight management easier for clinicians and clearer for patients. Together, these elements helped shift obesity care from a specialty service to a shared responsibility across the system.

01

ELEMENT

Integrate pharmacists into specialty care teams

02

ELEMENT

Create patient-led weight management visits

03

ELEMENT

Empower clinicians with EHR-integrated weight management tool

01 Integrate pharmacists into specialty care teams

UCHealth started by embedding pharmacists in hospital-owned specialty clinics that often treat patients with obesity care. They prioritized clinics where cardiologists and endocrinologists worked with patients with heart disease and diabetes, common comorbidities of obesity.

UCHealth redeployed existing clinical pharmacists to support this initiative. UCHealth's pharmacists were already well-trained on weight management medications and successfully supported weight management medications in some clinics. UCHealth leaders justified the pharmacist salary costs based on the expectation that they would prevent acute cases and improve chronic disease management. Clinics also saw day-to-day benefits: Patient throughput increased, follow-up improved, and insurance barriers became easier to navigate.

Pharmacists augmented existing specialty clinic workflows. In the clinics, patients met with pharmacists before meeting with specialists. Pharmacists reviewed sensor data, managed medication access, handled prior authorizations, and guided patients through dose titration and side effect management. This freed specialists to focus on clinical decisions. The pharmacists also provide training to the specialists, helping them stay current with new therapies and guidelines.

02 Create patient-led weight management visits

After integrating pharmacists into specialty care, leaders looked for ways to improve weight management support in primary care clinics as well. They prioritized primary care because PCPs oversee this care for a large portion of the patient population. In addition, despite the high prevalence of obesity and related health risks, primary care leaders at UCHHealth found that weight was rarely discussed and obesity was seldom diagnosed during standard PCP visits.

Leaders identified two main reasons for the lack of weight-related conversations at PCP visits. First, clinicians often felt they had to prioritize other issues above weight and didn't have time to cover the topic. Second, clinicians were hesitant to discuss weight knowing that some patients didn't want to discuss the topic and might become disengaged if the conversation came up.

As a solution, clinician leaders developed a new patient-driven weight management visit type that served as a new entry point for weight management treatment in primary care clinics. This visit is dedicated solely to weight management and must be scheduled on a separate day from other visits. In addition, patients must proactively sign-up for the visits, thus opting in to the conversation.

One key to success was the clear, welcoming signage UCHHealth placed in primary care clinics. These signs invited patients to schedule a weight management visit, helped normalize the topic, and encouraged patients to ask about the option. By allowing patients to self-select into these visits, UCHHealth ensured that those participating were already motivated and engaged, which improved outcomes and reduced the burden on clinicians to initiate sensitive conversations.

Furthermore, UCHHealth created workflows for these visits that support provider efficiency and focus on patient care. Patients complete structured questionnaires before their appointments to capture their weight history, goals, barriers, and readiness for change. This information helps providers prepare and makes the visits more productive. UCHHealth also streamlined processes for documentation, billing, and follow-up. PCPs received ongoing education and support to sustain this model.

This initiative increased the frequency and quality of weight-related conversations with PCPs, empowered patients to take an active role in their health, and helped integrate weight management into everyday primary care.

03 Empower clinicians with EHR-integrated weight management tool

UCHealth leaders saw the need for a scalable, resource conscious solution to help all clinicians navigate complex prescribing and payer approval pathways related to GLP-1 medications. While pharmacists at UCHealth helped select specialists with this, there were not enough of them to be deployed across the entire system. While the new visit type gave PCPs the time they needed to engage with patients, it didn't offer them the medication expertise or access services they needed.

Leaders determined that an EHR-based tool would be the most effective way to make evidence-based obesity care accessible and actionable for any clinician, regardless of their background in weight management. To create this tool, UCHealth convened a multispecialty team of endocrinologists, cardiologists, pharmacists, and IT experts to work with their existing EHR vendor support team. Ultimately, they created an Epic-integrated care delivery tool called PATHWEIGH.

The EHR tool supports clinicians in several ways:

- **Guidance on managing medications:** Clinicians access flowcharts for dosing, see rankings of medication options by efficacy and cost, and receive clear highlights of risks and contraindications. This helps clinicians quickly identify the best therapy for each patient, even when they are unfamiliar with the latest drugs.
- **Referral coordination:** The tool streamlines connections to behavioral health, nutrition counseling, and bariatric surgery, ensuring patients receive comprehensive support beyond medication.
- **Prior authorization assistance:** The tool generates documentation templates and checklists, guiding clinicians through payer requirements and reducing delays in therapy initiation.

Leadership support and internal champions played a critical role in driving adoption across 66 UCHealth clinics. They ensured consistent messaging and practice standards. Leaders also made sure the process fit into existing workflows for routine visits, so clinicians didn't need to learn a new system or allocate extra resources to use it.

As this care delivery process became part of daily practice, clinicians gained confidence in managing obesity. The tool continues to evolve, incorporating feedback from frontline providers and updates for new therapies and payer requirements.

Results

UCHealth's approach reshaped how clinicians addressed weight management by empowering non-obesity specialists and making obesity care a shared responsibility. Clinicians reported that they felt more supported and more willing to engage in weight-related visits because workflows were simpler and conversations were destigmatized.

With the support of an NIH grant, UCHealth researchers tested the impact of the weight management visits and EHR-integrated tools. Combined, these elements had three main impacts:

1. **Population impact:** The elements eliminated population weight gain, changing the trend from 0.47 kg gain at 18 months to a 0.1 kg loss among adults with a BMI of 25 or greater. This represents a meaningful shift in population health.⁴
2. **Patient impact:** Patients who received weight-related care lost an average of 3% of their body weight. Notably, 75% of these patients received only lifestyle advice, while 25% received additional interventions such as medications and referrals.
3. **Clinician impact:** Clinicians reported increased motivation and satisfaction broadly. Each of the interventions made their jobs easier and required minimal training.

Considerations for your organization

UCHealth's approach to weight management care — namely supporting all providers rather than adding obesity specialists — stands out in a landscape where many health systems struggle to meet rising demand. While their approach was designed for UCHealth's particular situation, other organizations may consider replicating one or more elements. Use the table below to compare your organization's gaps and characteristics to UCHealth's as you evaluate whether each element might be a good fit.

Element	Gaps addressed	Key characteristics for success
Integrate pharmacists into specialty care teams	- Specialist-reported frustration in keeping up with weight management innovation - Low prescribing rates for weight management medications from key specialties (cardiology, endocrinology, sleep medicine)	- Strong clinical pharmacy team with expertise in weight management - Medical specialists who embrace team-based care - Collaborative relationship between medical and pharmacy leaders
Create patient-led weight management visits	- Patient-reported dissatisfaction with weight-related provider conversations - Low rates of obesity diagnosis among primary care patients - Clinician frustration with meeting increasing demand for weight management care	Primary care clinicians who are open to guiding patients through weight management discussions
Empower clinicians with EHR-integrated weight management tool	- Clinician-reported frustration in keeping up with weight management innovation - High prior authorization denials for weight management medications - Low referral rates for weight management care - Low patient adherence to weight management treatment	- Strong collaborative relationship with existing EHR vendor - Internal team with experience cocreating provider-facing tools within the EHR - Internal subject matter knowledge on weight management medications and pathways

In addition to reflecting on the questions above, leaders can look to peer organizations for perspective. Visit Advisory Board's [weight management landing page](#) for more case studies and examples.

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Endnotes

1. Unless otherwise noted, all information in this case study came from Advisory Board interviews with officials from UCHealth.
2. [National Diabetes Statistics Report Appendix A: Detailed Tables](#). CDC. May 15, 2024.
3. [Obesity-Related Cardiovascular Disease Deaths Tripled in US From 1999 to 2020](#). Pharmacy Times. September 7, 2023.
4. Perreault L, et al. [Implementation and effectiveness of a care process to prioritize weight management in primary care: a stepped-wedge cluster-randomized trial](#). *Nature Medicine*. December 11, 2025.

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