

WHY “MEDICAL”?

Since weight-loss patients often have existing medical issues such as hypertension and diabetes, it is important to monitor medical parameters routinely. We do not take the place of your current PCP (primary care physician). However, we do adjust your medications as needed while you are losing weight. Adjusting and even stopping insulin and blood pressure meds are some of the most common.

We prescribe appetite suppressant medication in about 50% of our weight-loss patients.

We will order labs based on your individual requirements.

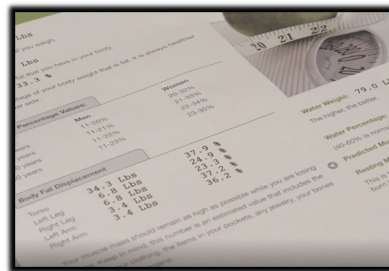


WHAT DOES IT COST?

This cost is based on phase 1 meal replacement, the strictest part of the program:

- \$90 for a doctor visit
- \$10 for the BCA (body composition analysis)
- \$1.75-2.00 per meal replacement item; weekly food cost: up to \$84.
- We understand that few patients can afford this long-term! The good news is that weekly visits are not long-term, there are no other food costs, a significant amount of weight is lost in 6+ weeks (15 to 35 pounds), we begin to alternate doctor visits (\$95) with nurse visits (\$42), etc.—meaning the cost begins to come down as you lose weight. Insurance does *not* cover the cost of meal replacements, but HSAs can be used.

HOW MUCH CAN I LOSE?



Much more than you think! We use a special Body Composition Analysis (BCA) scale (above printout) which helps us determine this with a high degree of accuracy. Come in for an appointment and you will get weighed on this scale and find out some pretty exciting information!



HERITAGE FAMILY HEALTH, PC

1297 Schaeffer Road

Newmanstown, PA 17073

Phone: (717) 949-4138 Fax: (717) 949-4140

www.heritagefamilyhealth.org

(1 mile west of Schaefferstown along Route 419)

CLINICALLY-PROVEN

& SUSTAINABLE

WEIGHT LOSS



Heritage

MEDICAL WEIGHT LOSS

at The Doctor's Inn



JOEL E. YEAGER, MD

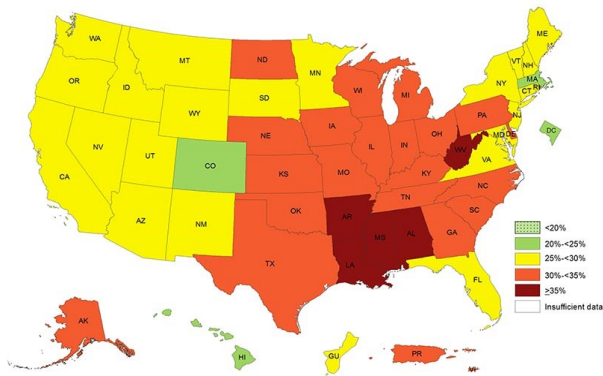
LUANNE D. YEAGER, MD

Diplomates, American Board of Family Medicine

A NATIONAL EPIDEMIC

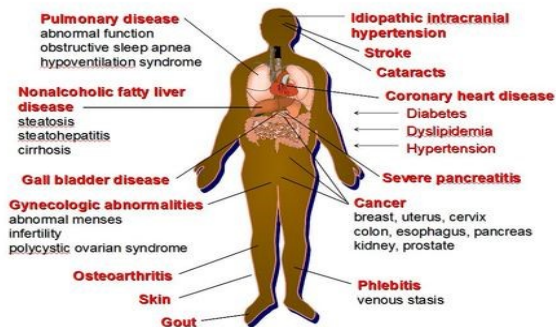
According to the CDC, in 2015-2016:

- 39.8% (93.3 million) of American adults are obese.
- 18.5% (13.7 million) of American children and adolescents are obese.
- The estimated annual cost of obesity was \$147 billion (2008). That's \$1,429 higher than those with normal weight.



Prevalence of Self-Reported Obesity Among US Adults, 2016

Medical Complications of Obesity



There are many complications associated with obesity.

A SIMPLE CONCEPT

There are many “fad diets” around. What we offer at Heritage Medical Weight Loss (HMWL) is not a fad diet. It is a lifestyle change.

Successful weight loss *first* begins in the head. One must believe that change is possible and then summon the initiative to do so. The HMWL program makes this “easier” than you might expect.

The HMWL program operates on several simple facts:

- We *gain* weight when we take in *more* calories than we use.
- We *lose* weight when we take in *less* calories than we use.
- Therefore, successful weight loss occurs when we place our bodies in a “calorie deficit” mode. This can occur either through:
 - 1) calorie *restriction* or
 - 2) calorie *increase* via exercise.
- Because studies show that exercise is *most* beneficial for maintaining a healthy weight, we focus initially on calorie restriction.



More in than out equals weight gain.

A PRACTICAL SOLUTION

We started a medical weight loss program when we opened our office at Heritage Family Health in August 2011. The strength and sustainability of our weight loss approach lies in the ***behavioral modification strategies*** which are at the core of the program. The program is highly-customizable, but following is a sketch of the phases.

PHASE 1: ACTIVE WEIGHT LOSS

- 800 to 1000 calories daily (a “low calorie diet”).
- most effectively achieved through *meal replacement products* as this 1) ensures appropriate nutrition (particularly protein) and 2) helps to break “bad” food habits.
- usually lasts a minimum of six weeks up to months—depending on weight loss goals.
- can be done with regular food—but usually takes longer and is more difficult.
- weekly doctor visits with behavioral teaching initially, transitioning to alternating nurse “weigh-in” visits.

PHASE 2: TRANSITION

- gradual increase in calories and exercise.
- reintroduction of regular food, focusing on type and calorie value.
- food journaling to establish accurate daily calories.

PHASE 3: MAINTENANCE

- following patients over 3 to 6+ months as they utilize regular food at a calorie value based on their own BMR (basal metabolic rate).