

TRANSFORM

**your habits
your health
your life**

**MEDICAL WEIGHT MANAGEMENT PROGRAM
Kaiser Permanente**

**Patient Information
Packet Redwood City
Medical Center**

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kp.org/redwoodcity/weightmanagement

Medical Weight Management Program Details

Phase 1: Active Weight Loss (15 weeks)

To lose weight effectively, you'll replace your usual diet with low calorie meal replacement, including shakes and bars. About once a month, you'll receive checkups with our providers and lab tests to monitor your progress. In weekly group sessions, you'll learn behavioral skills necessary to maintain your weight long-term. You won't start meal replacement until week 2 of the program, because it takes time to prepare yourself and your environment for change.

Phase 2: Transition to Food (4 weeks)

Behavioral educators will teach you how to gradually add self-prepared foods back into your diet as you continue your weekly lifestyle-education sessions.

Phases 3 and 4: Early & Long-Term Maintenance (52 weeks)

To maintain your weight long-term, you will participate in weekly group support sessions to help you stay on track.

For an overview of the Medical Weight Management Program, please visit our website at www.kphealthyweight.com.

Program Details

- The program is available to Kaiser Permanente members and non-members and is only for adults ages 18 years or older.
- You will sign up for a specific group and remain with that group for 30 weeks. After week 30, it is likely you will have a different facilitator, group and meeting time/day.
- Group meetings are offered Tuesday and Wednesday evening's
- Attending your group sessions is mandatory because your success depends on your active participation.
- You will be asked to arrive 45-60 minutes before your group session each week (or as scheduled by your physician) to allow time to check in with the medical staff, do lab work, and order and pay for your meal replacements.
- You are expected to attend class regularly for at least the first 30 weeks. Missing two consecutive classes may disqualify you from the program. If you miss weeks 2 or 3 for any reason you will have to restart the program with a new class. Do not schedule vacations or business trips during the first 30 weeks.

Details on Fees

- There is no reimbursement for missed groups.
- MasterCard, Visa, and American Express, are accepted.
- All program fees are non-refundable after you start the program.

Details on Meal Replacement Product

- You will be required to purchase the minimum prescribed amount of meal replacement (usually 42 servings). You may not return or exchange it.
- You can purchase an extra week's worth of meal replacement (42 servings) to have available in case of an emergency.

Program Fees

Initial Health Assessment..... \$280

Fee includes initial assessment with Health Care Provider, initial fasting lab and EKG.

Weeks 1-20: Monthly Program Fee..... \$360/month

Fees include all medical monitoring, lab work, EKGs, group sessions, and program materials for the month. Meal replacement is not included.

Weeks 21-30: Monthly Program Fee \$280/month

Fee includes group sessions and program materials. Meal replacement products may be purchased during this phase for an additional fee.

Weeks 31-82: Monthly Program Fee included

Includes weekly group sessions.

Refund Policy: The \$280 Health Assessment deposit is non-refundable unless the physician or program manager deems you ineligible for the program, or you cancel or reschedule your Health Assessment one week prior to the date. Otherwise, all program fees are non-refundable.

Meal Replacement Fees

- * You are required to purchase the weekly prescription for the meal replacements. These costs are not included in the fees described above.

- * Meal replacements are purchased weekly and cost is about \$105/week during weeks 2 through 16. Each meal replacement is priced differently, so your average cost may vary depending on your meal replacement products ordered.

- * Basic program for weeks 2-16 consists of 5 shakes and 1 bar per day (960 calories). Your provider may recommend more calories per day. After week 16, the weekly prescription is: week 17, 4 shakes and 1 bar; week 18, 3 shakes and 1 bar; week 19, 2 shakes and 1 bar; week 20, 1 shake and 1 bar.

- * You are not required to purchase any meal replacement after week 20. If you choose, you may purchase up to 3 meal replacements per day as long as you have completed week 30 of the program.

- * Meal replacements start at week 2 of the program.

Breakdown of Weekly and Monthly Fee Schedule

Initial Health Assessment Appointment with the program physician prior to Starting the Program Fee = \$280

Week 1	Week 2	Week 3	Week 4
\$360	\$105*	\$105*	\$105*
Week 5	Week 6	Week 7	Week 8
\$360 \$105*	\$105*	\$105*	\$105*
Week 9	Week 10	Week 11	Week 12
\$360 \$105*	\$105*	\$105*	\$105*
Week 13	Week 14	Week 15	Week 16
\$360 \$105*	\$105*	\$105*	\$105*
Week 17	Week 18	Week 19	Week 20
\$360 \$55*	\$55*	\$55*	\$55*
Week 21	Week 22	Week 23	Week 24
\$280			
Week 25	Week 26	Week 27	Week 28
\$280			
Week 29	Week 30		
\$140			

*Price varies depending on meal replacement products ordered.

Frequently Asked Questions

1. Are there physical benefits from losing weight besides just looking and feeling better?

Research has shown that a reduction of 5-10% in weight can have a positive impact on reducing hypertension, normalizing blood sugar levels, and lowering cholesterol for many people.

2. Is a 960-calorie diet medically safe?

When medically supervised, the use of meal replacement is safe and effective for weight loss.

3. While on the meal replacement program, will I feel weak or fatigued?

No. The meal replacement program is designed to prevent caloric deprivation, provide complete nutrition, and stimulate your body to derive most of your caloric needs from your body's fat stores. This process minimizes hunger and fatigue. Most of our patients tell us they don't feel hungry after 5-10 days on meal replacement. However, it doesn't mean you won't *want* to eat.

4. Is rapid weight loss bad for you?

Rapid weight loss using the meal replacements in combination with medical supervision is safe and healthy. On the other hand, rapid weight loss produced by un-supplemented fasting or fasting with inferior products *can* impair your health. Losing weight rapidly by using an inferior product or by un-supplemented fasting is achieved by the body partly using lean muscle tissue as a source of fuel. This not only jeopardizes your health but also makes weight maintenance difficult. The products are formulated to protect lean muscle mass and to use fat stores as fuel, thereby reducing the risks.

5. Will dieting cause my metabolic rate to slow down and make it harder to maintain my weight?

There is a small decrease in metabolic rate that occurs in major weight loss, regardless of the diet plan used. This decrease is temporary with the metabolic rate returning to normal as calories increase. This slight, temporary decrease in metabolic rate is not the cause of weight regain and has nothing to do with your ability to maintain a weight loss.

6. Are there negative side effects using a full meal replacement weight loss plan?

Most people using meal replacements experience only minor side effects, such as constipation. A small number of people experience minor and temporary hair thinning during the weight loss phase. In some cases, meal replacement can lead to an increase in uric acid levels. People with a history of gout are monitored carefully so that appropriate treatment can be initiated, if needed. If you are concerned with side effects or risks, please speak to one of our providers and ask to see a copy of the Informed Consent, which describes risks and side effects in more detail.

Medical Weight Management Frequently Asked Questions

7. Does using meal replacement cause gallstones?

Gallstones occur when the amount of cholesterol present in the gallbladder is greater than what can be dissolved into the bile. A high fat diet is the most common reason for passing such large amounts of cholesterol into the bile and is the primary cause of obesity; therefore, gallstones are almost always seen in people who are overweight.

Anyone losing weight does so by metabolizing their body fat. This results in increased cholesterol being passed into the bile, just like a high fat diet. This may either aggravate pre-existing gallstones or occasionally produce new ones. The risk of a gallstone attack during the weight loss phase remains surprisingly small.

Additionally, pancreatitis, an infection in the bile ducts, may be associated with gallstones. The symptoms of pancreatitis include pain in the left upper abdominal area, nausea, and fever. Pancreatitis may be brought on by binge-eating or consuming a large meal after a period of dieting.

8. Does the Medical Weight Management program offer treatment using medications?

This is not a medication-based program.

9. Once I lose my weight, what can I do to keep it off?

There are four crucial steps to successful weight maintenance. The stronger your commitment to each of these areas, the more likely you are to maintain your weight:

- Participate in group meetings for the full 82 weeks. Weigh-in each time you come.
- Keep an awareness of when and what you eat. This can be done most successfully by planning meals and snacks ahead of time or by keeping food records of what and how much you eat.
- Maintain some form of regular physical activity everyday.
- Eat within your calorie range most days of the week. We will work with you during the program to understand how many calories you need each day.
- Some people find it easier to maintain their weight loss if they use meal replacement on an ongoing basis as either a meal replacement for one meal a day such as breakfast or as their morning or afternoon snack.

10. What are potential roadblocks to joining the program?

The following might affect your ability to safely and successfully participate in this program. Please speak with the physician if you have concerns about any of the following:

- Younger than 18 years of age
- Pregnant (or plans to be within the year) or breast feeding
- Advanced liver or kidney disease
- Steroid therapy
- Active mental illness
- Unwilling to participate in physical activity
- Unable or unwilling to participate in weekly group sessions
- Unwilling to make lifestyle changes
- Drug and/or alcohol abuse