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Elements of a Comprehensive Obesity Benefit Presentation to the MidAtlantic Business Group on Health

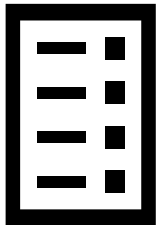
September 17, 2021

Christine Gallagher, MPAff

Milken Institute School
of Public Health
THE GEORGE WASHINGTON UNIVERSITY

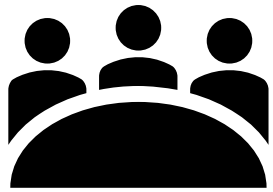
Sumner M. Redstone
Global Center for
Prevention & Wellness

- **Who:** A diverse group of business, consumer, health and advocacy organizations dedicated to reversing the obesity epidemic
- **Where:** The Alliance is located in the Redstone Global Center for Prevention and Wellness at The George Washington University School of Public Health
- **Purpose:** Conduct research, Develop Tools, and Drive Collaboration
 - Lead innovation
 - Strengthen systems of care
 - Convene diverse stakeholders
 - Define an innovative research agenda
 - Promote strategies to increase physical activity
 - Reduce stigma to improve health outcomes



STOP Membership

- **15 Steering Committee Members**



America's Health Insurance Plans
American Diabetes Association
American Heart Association
American Medical Group Association
American Society for Metabolic
& Bariatric Surgery
Donna Ryan, M.D.

Gary Foster, PhD
Business Group on Health
Obesity Action Coalition
Population Health Alliance
The Obesity Society
Trust for America's Health

- **60+ Associate Member organizations** (chronic disease, consumer, minority health, & provider groups)
- **4 Corporate Members** (Novo Nordisk, Pfizer, WW, and Currax)

STOP
STRATEGIES TO
OVERCOME & PREVENT **OBESITY**
ALLIANCE



Milken Institute School
of Public Health

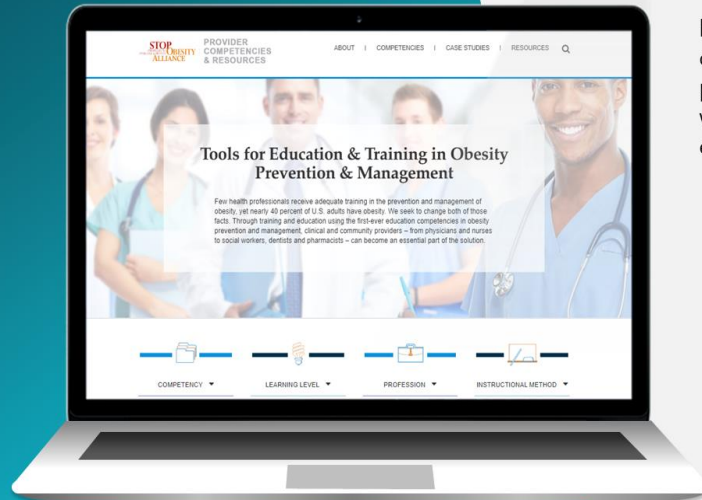
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Prevention & Wellness

Competencies

Obesity Care Competencies

OBESITY CARE COMPETENCIES



Preparing future providers to care competently and compassionately for patients with obesity should be a top priority for U.S. health professional training programs. That's why we created a **NEW website** dedicated to helping educators improve training and education on obesity.



Essential Care
Competencies



Curricular
Case Studies



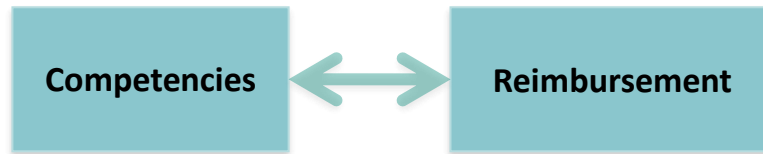
Resource
Database

LEARN MORE

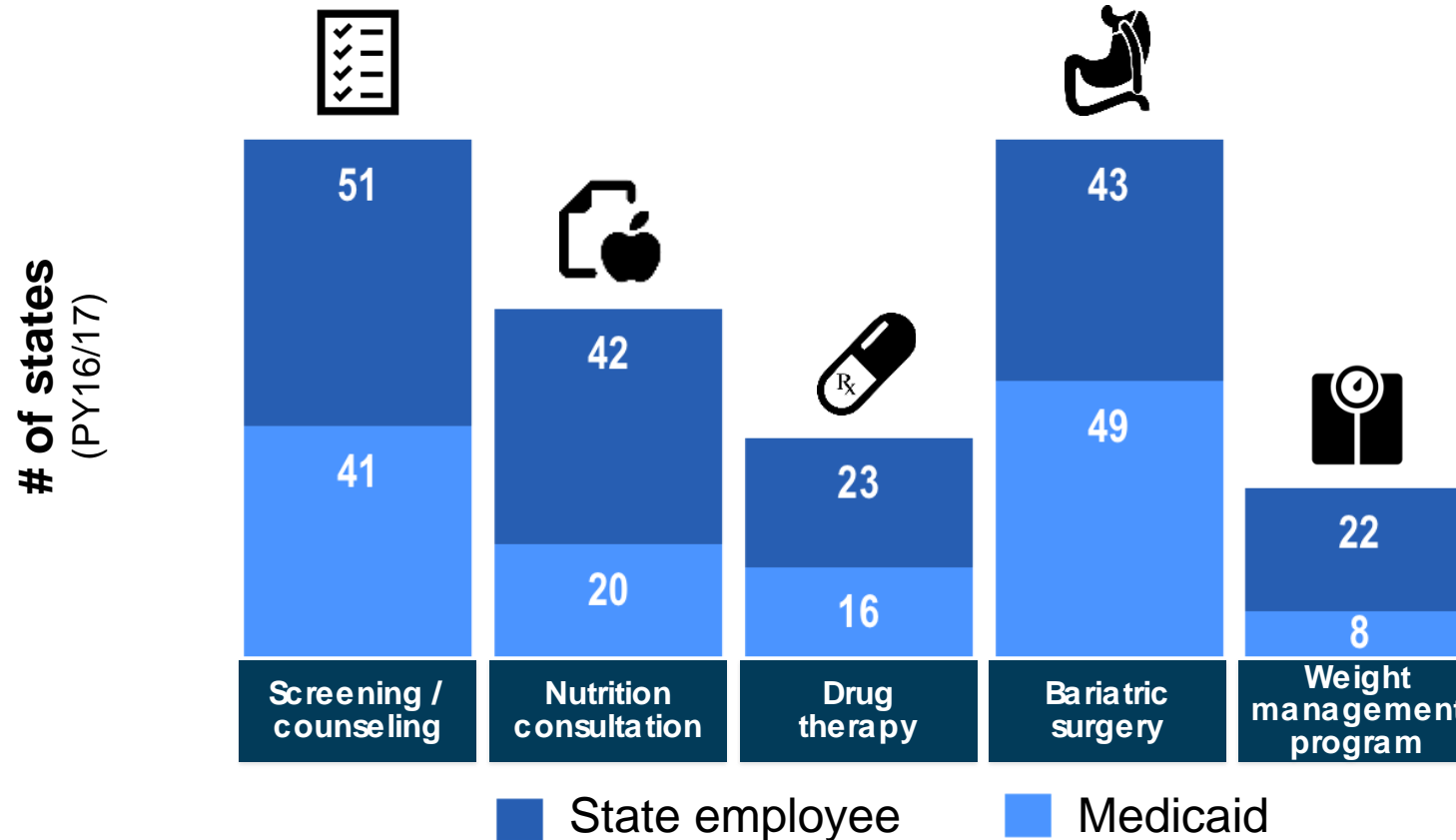


obesitycompetencies.gwu.edu

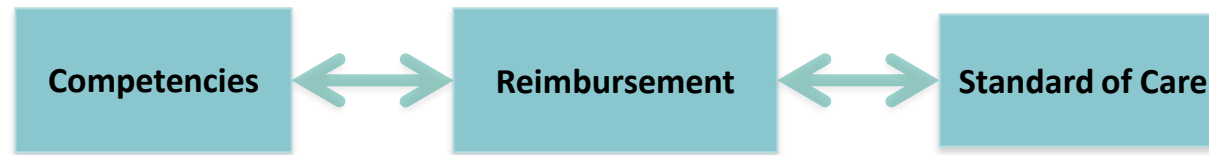
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Obesity Coverage in Medicaid and State Employee Plans



Jannah NH, et al. *Obesity* 2018; 26:1834-1840.

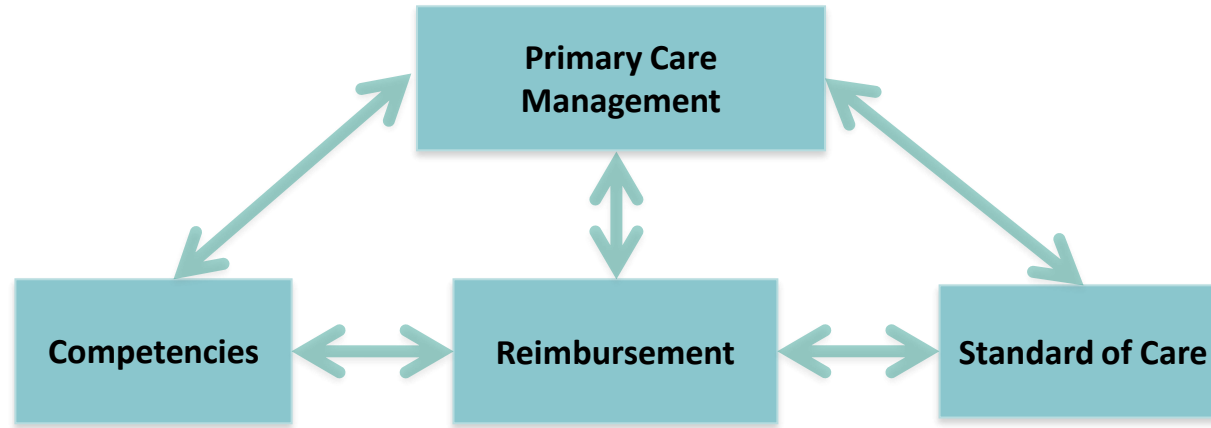


Proposed Standard of Care

Goal: provide a model of care for all those who care for people with obesity

- **Core principles of care**
- **Standards of Care for all providers**
- **Standards of Care for clinical providers (prescribers)**
- **Coverage and payment policy standards**

STOP
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weight can't wait

Guide for the Management of Adult Obesity in Primary Care

When weight counseling is appropriate, health care professionals need a short, accessible, practical, informative guide for obesity treatment. The treatment of obesity in the primary care setting can be divided into three sections: pre-encounter, encounter, and post-encounter. The following guidance for health care professionals' treatment of obesity includes permission to discuss obesity, while addressing weight bias; diagnosis of obesity; and shared decision-making in the management of obesity.

We recognize that what follows may not be possible to accomplish in one visit. The direction these discussions take should depend on the interest and engagement of the patient and the demands on the provider's time.

Pre-encounter



Providers should ask patients to fill out a pre-visit questionnaire to provide important information prior to the encounter.

Suggested pre-screen questions include:

- *Have you ever had difficulty managing your weight?*
- *Age of onset and maximum weight?*
- *Family history of unhealthy weight?*
- *What factors have led to your weight gain, weight loss, or sustained weight loss?*
- *Do you believe your weight is impacting your health or quality of life? How?*
- *Have you had negative experiences with health care providers about your weight?*
- *How do you think I can help you better manage your weight?*



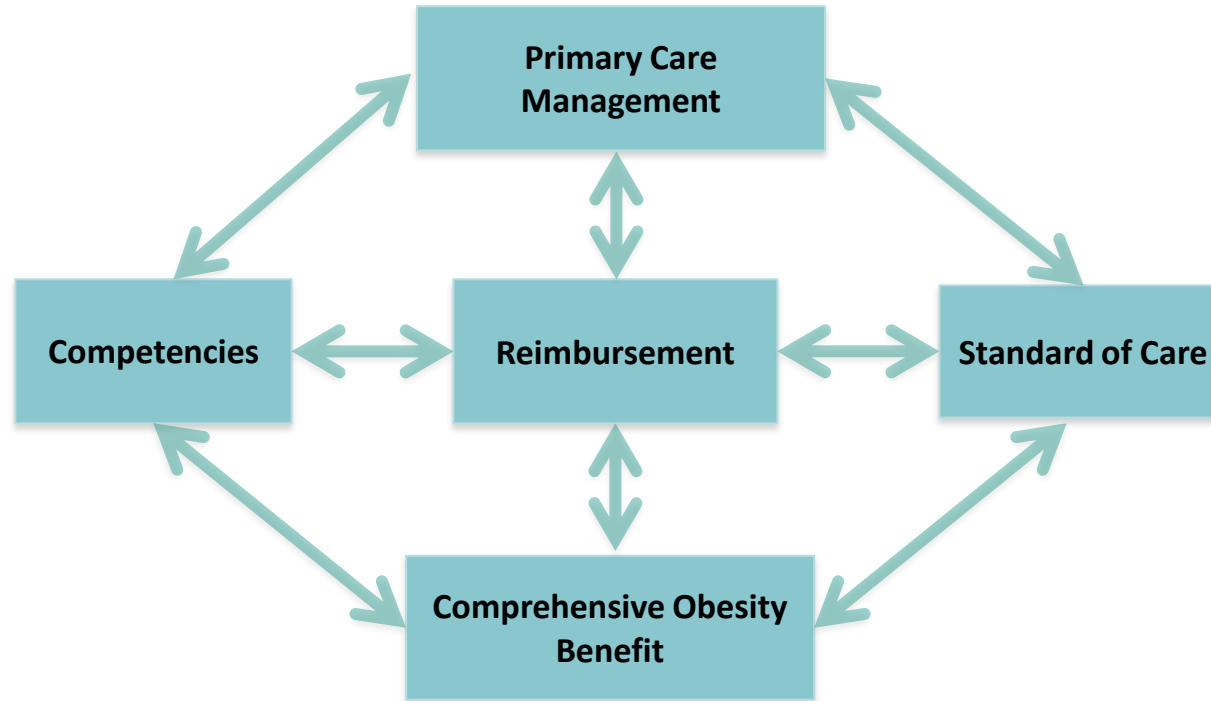
Gather information during the pre-encounter to start a weight-related conversation with the patient, including diet and physical activity history; medications; existing co-morbidities or risk factors; stress; sleep; quality of life (QOL), depression and surgical history.



weight can't wait

- Primary care settings in which effective obesity care takes place:
 - pre-encounter
 - encounter
 - post-encounter
- An additional curated resources list is also available.

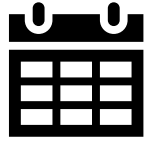
<https://stop.publichealth.gwu.edu/WCW>





Advisors

- **National Alliance of Healthcare Purchaser Coalitions**
- **Milliman**
- **Novo Nordisk**
- **Blue Cross Blue Shield North Carolina**
- **Former benefit manager for large business**
- **South Carolina Department of Health and Human Services**
- **Health Partners**
- **Kaiser Permanente**



Timeline

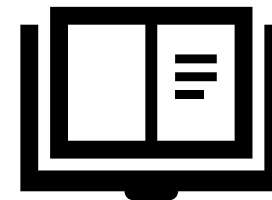
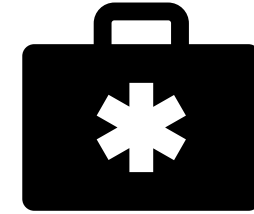
- **September 2019:** Presented to the ASMBS Obesity Summit in Chicago
- **October 2019:** Presented at the Milken Institute Future of Health Summit
- **November 2019:** Presented at the National Association of Health Care Purchasers Conference
- **January 2020:** Presented on webinar for the Business Group on Health
- **March 2020:** Shared with Blue Shield of California
- **August 2020:** Shared with Blue Cross Blue Shield team developing an obesity medicine pilot
- **December 2020:** Shared with Biden Presidential Transition Team
- **February 2021:** Shared with California Collaborative working to expand obesity coverage

Elements of a Comprehensive Obesity Care Benefit

- Identifies **evidence-based obesity treatment** that can support clinically significant weight loss ($\geq 5\%$ reduction in body weight)
- Provides guidance on the appropriate **amount, scope, duration, and delivery of obesity-related benefit offerings**
- Highlights **real-world examples** from plans that cover obesity treatment modalities
- Supports efforts to **standardize the scope and availability of obesity treatment** that are covered across plans/systems

Elements of a Comprehensive Obesity Care Benefit

- **Prevention and Screening**
- **Intensive Behavioral Therapy**
 - ❖ **Physical Activity**
 - ❖ **Nutrition Therapy**
 - ❖ **CBT, MI, 5 As**
- **Pharmacotherapy**
- **Bariatric Surgery**
- **Weight maintenance**



Elements of a Comprehensive Obesity Care Benefit

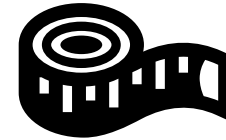
Prevention and Screening

All adults should be **screened annually** for obesity

For adults with obesity (BMI \geq 30 kg/m²) or

Waist circumference > 102 cm (> 40 in) for men or > 88 cm (> 35 in) in women, or BMI 25-29 with obesity-related risk factors

- **Offer or refer to intensive lifestyle intervention**
- **Screen for obesity-related complications**



Elements of a Comprehensive Obesity Care Benefit

Intensive Behavioral Therapy (IBT)



IBT for obesity should include all three of the following:

- **Cognitive component:** intervention using evidence-based educational and behavior-change techniques (e.g. CBT, MI, 5As)
- **Physical activity component:** physical activity plan that includes personalized recommendations for aerobic (150 min/week) and muscle strengthening activity.
- **Nutrition component:** program or dietary intervention that targets intrapersonal-level factors to assist with changing energy balance behaviors

Elements of a Comprehensive Obesity Care Benefit

Pharmacotherapy

Access to all FDA-approved medications,
prescribed in conjunction with behavioral interventions

- **Short-term:** Phentermine
- **Long-term:** Wegovy, Saxenda, Contrave, Qsymia, Orlistat
- **Weight-centric prescribing:** plan should authorize coverage for an alternative medication that is not associated with weight gain for a covered condition



Elements of a Comprehensive Obesity Care Benefit

Surgery

Coverage of primary bariatric procedures:

- Laparoscopic sleeve gastrectomy
- Roux-en-Y gastric bypass



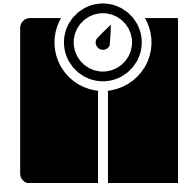
Revisional procedures to correct complications or when inadequate weight loss achieved despite adherence to prescribed post-op treatment regimen

Elements of a Comprehensive Obesity Care Benefit

Weight Maintenance

Strategies to prevent and mitigate weight regain are integral to the obesity care plan:

- **Monitoring & prevention:** continued tracking and documentation of weight status
- **Follow-up & intervention:** re-initiation or intensification of obesity treatment plan when patient begins to regain weight, presents with new or worsening obesity complication or requests intensification of treatment (as medically appropriate)



Adoption of the Comprehensive Obesity Care Benefit

- **Create demand**
- **Identify model programs**
- **Demonstrate the ROI**
- **Share with employers, benefit managers and health care purchasers**

Resources

- **Obesity Care Competencies**
www.obesitycompetencies.gwu.edu
- **Obesity Coverage in State Medicaid and State Employee Plans (2016)**
www.go.gwu.edu/coverage
- **Elements of a Comprehensive Obesity Benefit**
www.go.gwu.edu/obesitybenefit
- **A Proposed Standard of Obesity Care for all Providers and Payers**
www.go.gwu.edu/standardofcare

Contact Information

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