



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

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The Latest on Weight Loss Drugs: A Discussion on Access, Cost, and Coverage

Presentation to the National Council of Insurance Legislators



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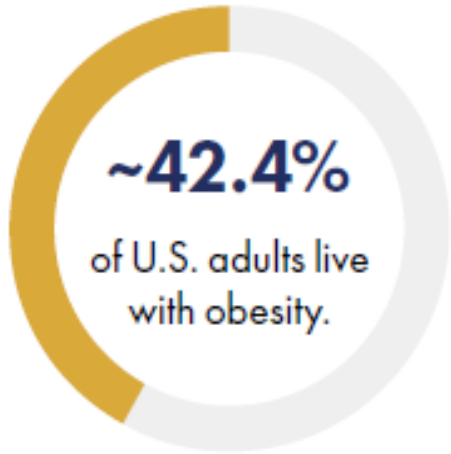
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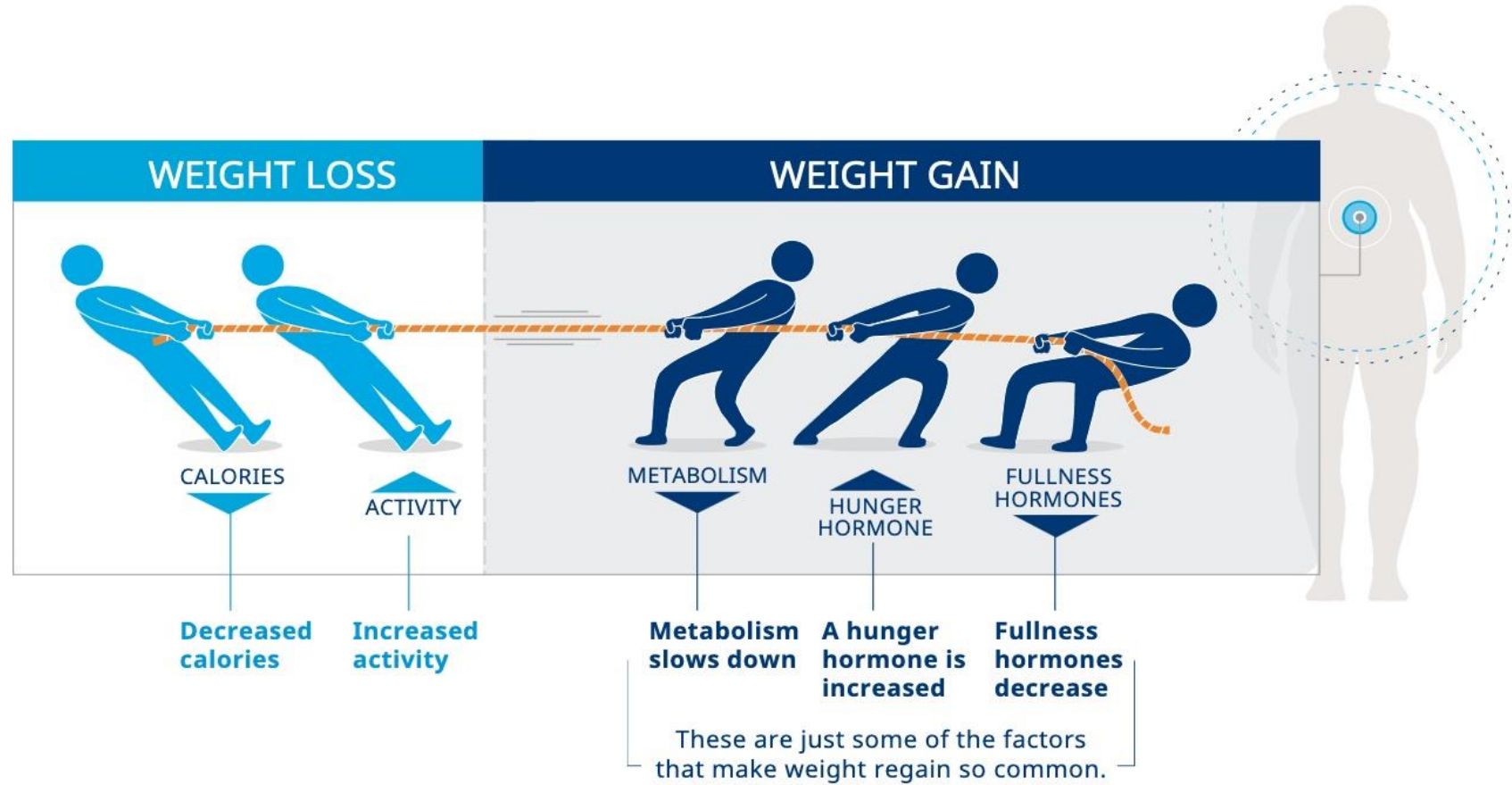
Objectives

- **The Disease of obesity**
- **Barriers to obesity care**
- **What has obesity coverage looked like?**
- **What are the elements of a comprehensive obesity benefit?**

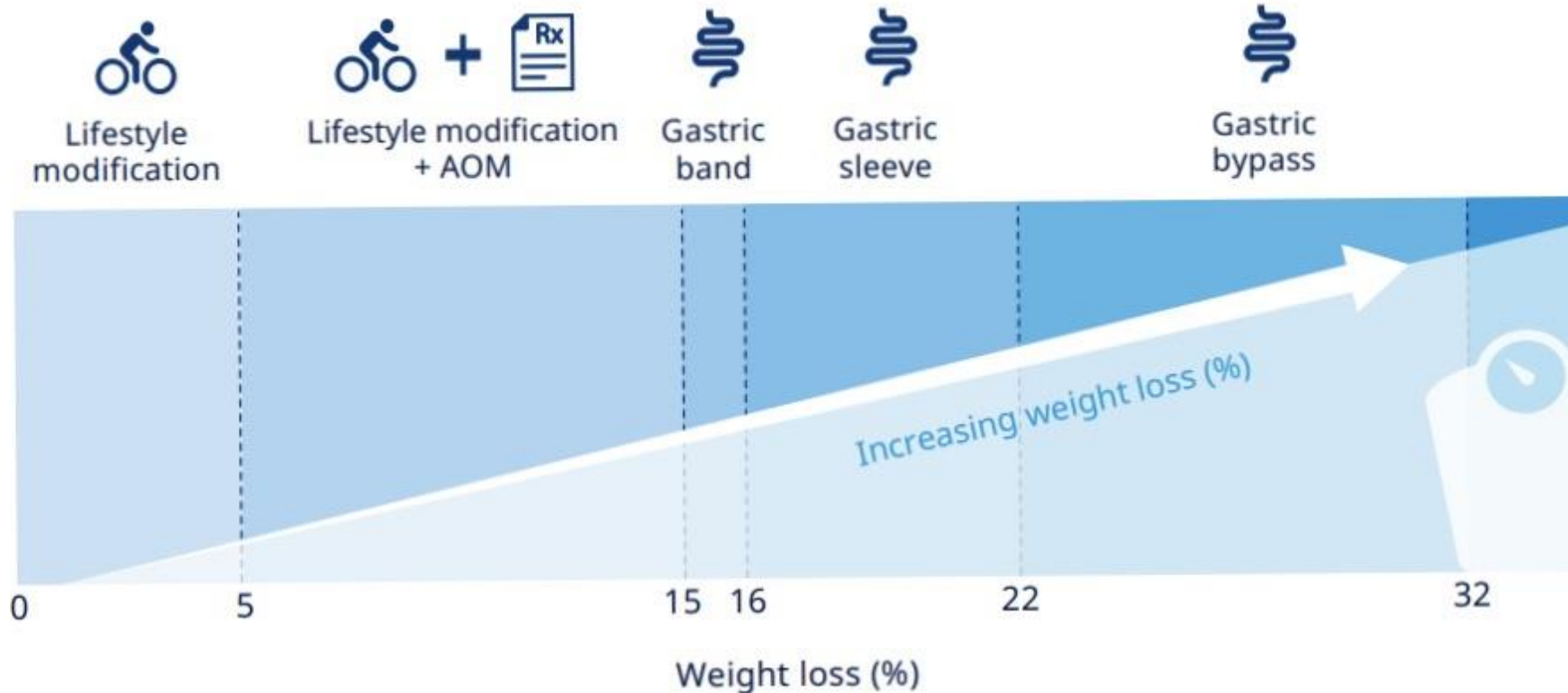
The American Medical Association “recognizes obesity as a disease state with multiple pathophysiological aspects requiring a range of interventions to advance obesity treatment and prevention.” (2013)



The tug of war of weight management:



A comprehensive range of treatments helps meet the needs of individuals with obesity



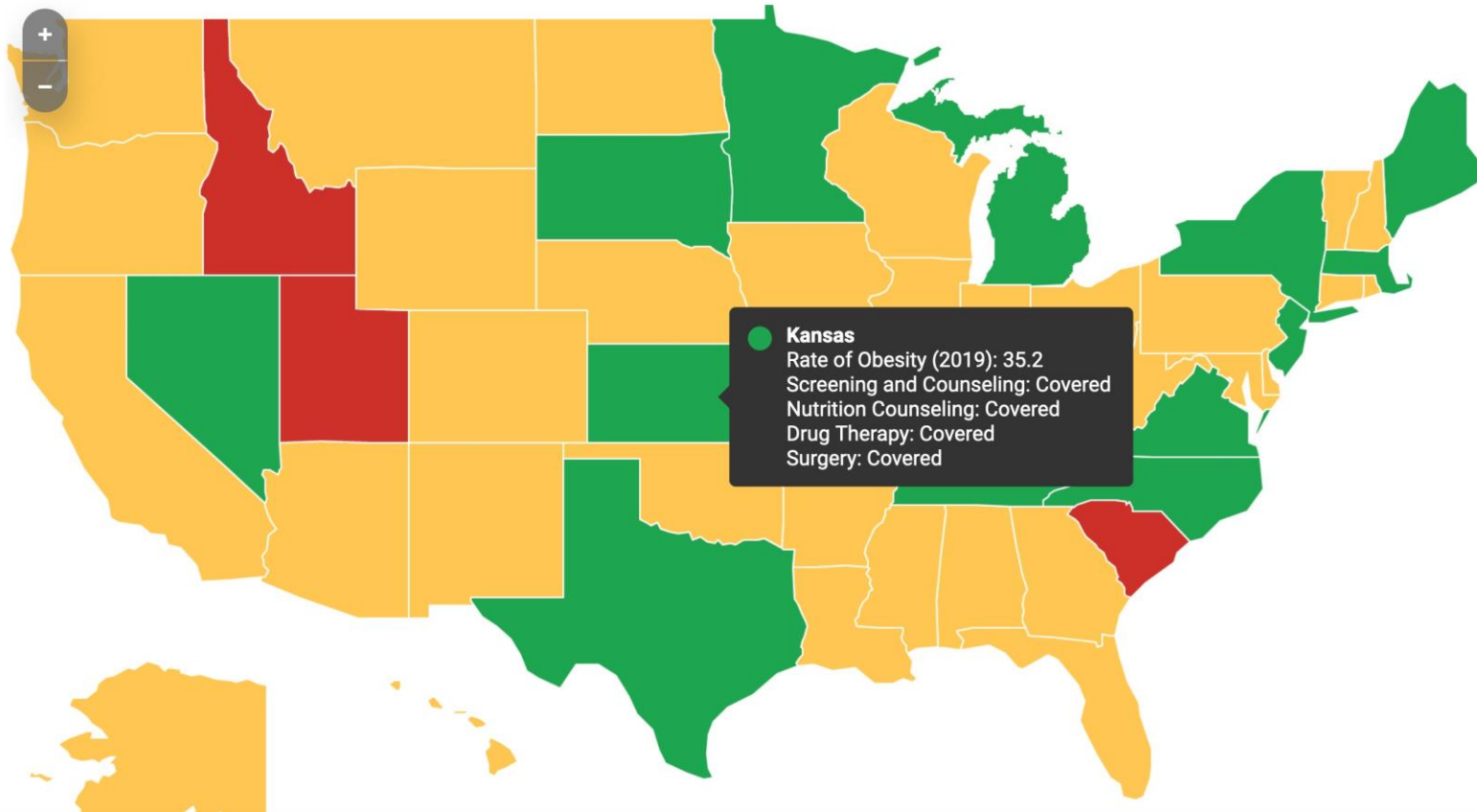
Barriers to Access to Obesity Care

- **Most healthcare providers are not trained on managing obesity**
- **Obesity is not taught well in medical schools.**
- **We do not have enough obesity specialists.**

Barriers to Access to Obesity Care

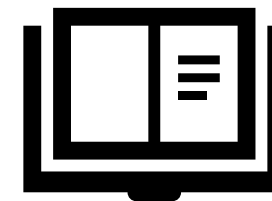
- **Obesity care is often excluded from insurance coverage.**
- **Obesity coverage is piecemeal and dependent on a person's employer, insurance plan, or zip code.**
- **There are often unfounded hurdles that patients must meet prior to treatment approval.**
- **If approved, treatments may not be affordable.**

Obesity State Employee Health Plan 2020-2021



What are the elements that should be included in a Comprehensive Obesity Care Benefit?

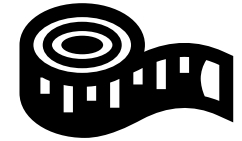
- **Prevention and Screening**
- **Intensive Behavioral Therapy**
 - ❖ **Physical Activity**
 - ❖ **Nutrition Therapy**
 - ❖ **Cognitive Behavioral Therapy**
- **Pharmacotherapy**
- **Bariatric Surgery**
- **Weight maintenance**



Elements of a Comprehensive Obesity Care Benefit

Prevention and Screening

- All adults should be screened annually for obesity
- Diagnosis of obesity for adults with obesity (BMI \geq 30 kg/m²) 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: Obesity Medications

Access to all FDA-approved medications for the treatment of chronic weight management, prescribed in conjunction with behavioral interventions:

- **Short-term:** Phentermine
- **Long-term:** Wegovy, Zepbound 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

Metabolic 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

Comprehensive Obesity Care Benefit Checklist

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Comprehensive Obesity Benefit Checklist

Obesity is a complex, expensive chronic disease that negatively impacts the health and longevity of more than 70 million Americans and imposes an enormous burden on our health care system and the economy. The need to confront the obesity epidemic calls for a serious look at how we address insurance coverage of obesity treatment. The present landscape of obesity care coverage is piecemeal. Health professionals frequently cite inconsistent and/or inadequate reimbursement for obesity-related services as a barrier to delivering appropriate care. Without guidance on how to operationalize evidence-based behavioral, nutritional, pharmacological and surgical obesity treatment modalities as health benefits, health care plans have taken vastly different approaches in determining what and how obesity treatment services are covered for their members. As a first step toward standardizing the availability of obesity care across plans, the STOP Obesity Alliance designed a Comprehensive Obesity Benefit that provides guidance on the core components of obesity care and the conditions under which these services and/or items ought to be covered. Our recommended benefit is broadly consistent with current evidence-based treatment guidelines and informed, in part, by current obesity benefit offerings across plan types and payers. Our benefit:

1. Identifies evidence-based obesity treatment modalities that can support clinically significant weight loss among persons with obesity; and
2. Provides guidance on the appropriate amount, scope, duration and delivery of obesity-related benefit offerings

The full Comprehensive Obesity Benefit is available on our website at go.gwu.edu/obesitybenefit.

The Checklist

To align your benefits with the evidence provided in the Comprehensive Obesity Benefit, this checklist identifies the data needed to compare your plan(s) with the recommended benefit.

Screening and Prevention

- Annual screening for obesity; document height, weight, waist circumference; calculate BMI
- Annual screening for obesity-related comorbidities
- Offer counseling on disease, diet and exercise

Intensive Behavioral Therapy (IBT)

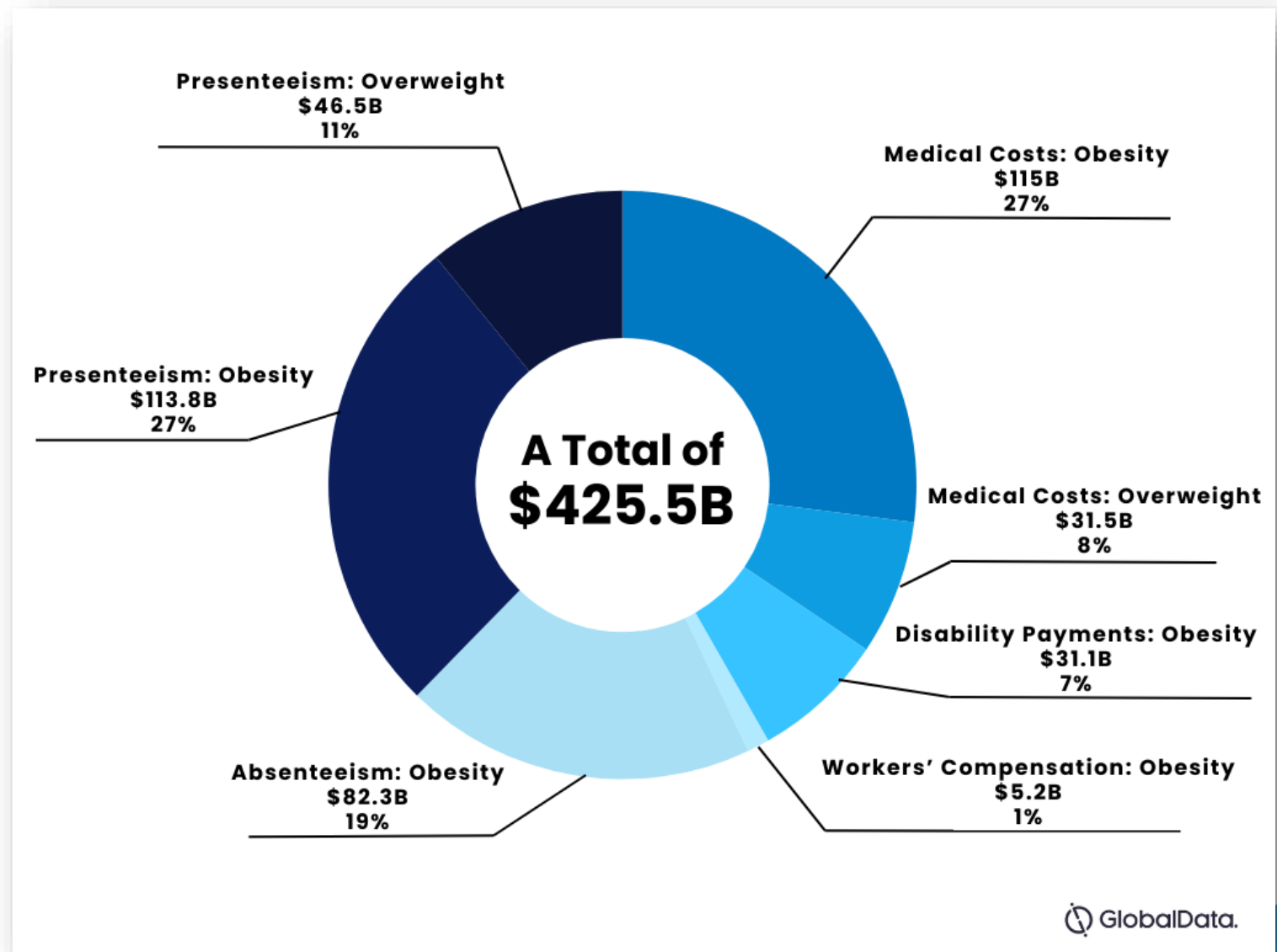
- Offer Intensive Behavioral Therapy (adults with BMI > 30, waist circumference ≥ 40 inches in men ≥ 35 inches in women, or BMI 25-29 with obesity related comorbidities) with a clinician
 - o 12-26 sessions annually, additional visits as needed with prior authorization
- Offer physical activity plan that includes personalized recommendations
 - o 150min/week goal adapted for patient's capacity
- Nutritional Therapy with dietician
 - o Initial assessment + up to 14 visits annually; continue therapy for at least 6 months

Review what your current plan offers using the Comprehensive Obesity Care Benefit checklist:
go.gwu.edu/cobchecklist

Economic costs to employers and employees due to Overweight and Obesity

Source: Global Data

<https://www.globaldata.com/health-economics/us/>



Concluding Thoughts

- **Obesity is a disease – it is not a lifestyle choice.**
- **Obesity dramatically reduces economic activity and costs the economy.**
- **The Comprehensive Obesity Benefit is a model for what coverage should look like**



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