ACTION BRIEF

Employer Strategies that Drive Health, Equity and Value

National Alliance of Healthcare Purchaser Coalitions

LVBCH℠

Employers for Healthcare Value Since 1980

THE NEW SCIENCE OF OBESITY

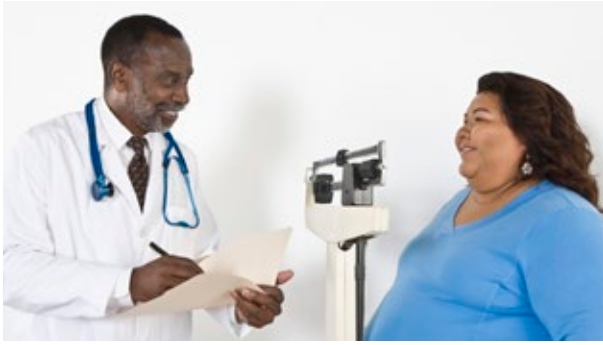
RETHINKING OUR APPROACH

ACTION STEPS FOR EMPLOYERS:

1. Examine your organization's data to determine whether current approaches to treating obesity are effective.
2. Design comprehensive healthcare benefits to address obesity as chronic illness.
3. Require that health plans, providers and vendors collaborate to address obesity.
4. Communicate to employees that obesity is a treatable disease.

Even though the American Medical Association (AMA) designated obesity as a disease over 10 years ago, employers have continued to address obesity as if it were treatable through lifestyle programs. The idea that obesity is caused by insufficient willpower, lack of discipline, and bad choices no longer stands. With access to appropriate, total person care—including new medications and treatments—patients living with obesity are much more likely to improve their health and quality of life.

Recent scientific breakthroughs in understanding and treating obesity are dramatically changing the landscape, offering hope and help to patients. For example, see the sidebar later in this report:



"PCORI and PROPEL: The Case for High-Intensity Lifestyle-Based Counseling for Obesity."

The need for a comprehensive approach is heightened by the dire consequences of the old approaches. Beyond the negative impact on population health outcomes, misguided approaches to treatment are also dramatically increasing medical costs. Costs to treat adult obesity in the US range from an estimated $147 billion to nearly $210 billion per year.

Rapid Growth of Obesity in the US is Alarming

2011

2020

"Self-reported obesity among US adults by state and territory," US Centers for Disease Control and Prevention (https://bit.ly/3dhNs39)

Even worse than poor treatment is no diagnosis or treatment. In fact, 64% of people living with the disease of obesity are never diagnosed.

The consequences to employers are immense: Annual obesity-related healthcare costs are approximately $4,879 for a woman and $2,646 for a man. In total, employees with obesity cost employers an estimated $8.65 billion per year in lost productivity, presenteeism, insurance claims, and short- and long-term disability.

This Action Brief highlights the latest in obesity science, how employers can better address obesity as a disease, and provide comprehensive benefits that support a healthy, high-performing workforce.

A NEW, SCIENTIFIC APPROACH TO OBESITY AS A DISEASE

Understanding obesity as a chronic disease enables scientists and healthcare professionals to develop treatment protocols that use evidence-based tools to tackle the epidemic and to enhance the productivity and quality of life of those affected.

The disease of obesity involves a complex interrelationship between physiology, genetics, environment, socio-economic status, and psychology. Further, it involves the brain, including the hypothalamus, and brain signals to the gastrointestinal tract and adipose tissue.

DISCARDING THE OUTDATED CONCEPT OF "NORMAL WEIGHT" ALSO CHANGES EXPECTATIONS

By understanding that people with obesity are people coping with a disease, outdated expectations of "normal" weight no longer apply. In fact, research shows that a weight loss of just 5% to 15% can significantly improve biometric measures, reverse prediabetes, and reduce obesity-related complications. (See chart.)

As scientific understanding of the disease of obesity advances, medical treatment has changed, too. Efforts to reduce calories and increase exercise are being supplemented by medication, surgery, and other treatment options that address hormonal and other root causes.

Source: Washington Center for Weight Management & Research, Inc.

Diagnosis	Weight loss target %	Expected outcome
Metabolic syndrome	10	Prevention of type 2 diabetes
Type 2 diabetes	5–15	Reduction in HbA1c; reduction in diabetes medication; diabetes remission if short duration
Dyslipidaemia	5–15	Lower triglycerides; increase HDL, decrease LDL
Hypertension	5–15	Lower blood pressure; decrease in medication
Nonalcoholic fatty liver disease (NAFLD)	10–40	Reduction in intrahepatocellular lipids and inflammation

Diagnosis	Weight loss target %	Expected outcome
PCOS	5–15	Ovulation; reduction of hirsutism; decrease in androgen levels; increase insulin sensitivity
Sleep apnea	7–11	Decrease apnea/hypoapnea index
Asthma	7–8	Improvement of FEV1
GERD	≥10	Reduced symptoms

Source: Christensen R, Bartels EM, Astrup A, et al. Effect of weight reduction in obese patients diagnosed with knee osteoarthritis: a systematic review and meta-analysis. Ann Rheum Dis. 2007;66:433–439.

COVID-19 and Obesity Collide

The stress of living in a pandemic has driven up the weight of 42% of Americans, on average, by

29 pounds

In the first meta-analysis of its kind, published on August 26, 2021, in Obesity Reviews, an international team of researchers pooled data from scores of peer-reviewed papers capturing nearly 400,000 patients. They found (bit.ly/31tt6S5) that people with obesity who contracted SARS-CoV-2 were 113% more likely than people of healthy weight to land in the hospital, 74% more likely to be admitted to an ICU, and 48% more likely to die. Researchers confirmed that the biology of obesity includes impaired immunity, chronic inflammation, and blood that's prone to clotting, all of which can worsen COVID-19.

STOPPING THE CYCLE OF OBESITY

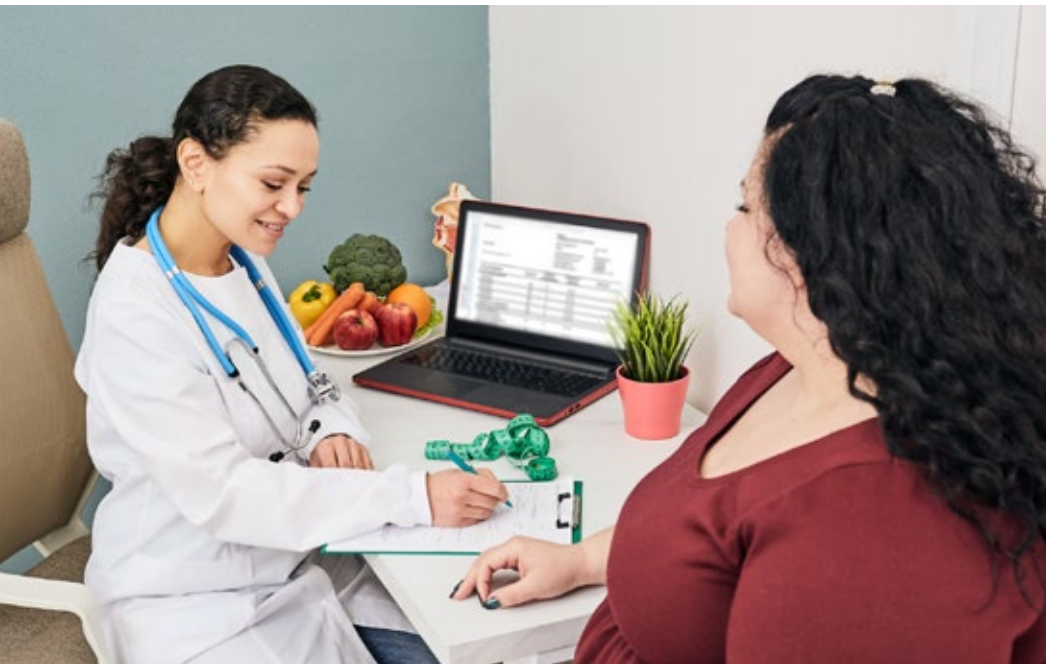
When obesity was misunderstood as a condition that could be controlled through willpower, self-management, and weight-loss and wellness programs, people with obesity often lost weight only to regain it. They would start the process with feelings of shame and anxiety and end with more shame and greater anxiety—and even hopelessness, so that the cycle would continue unabated with no lasting treatment in sight.

Reframing obesity as a chronic disease necessitates comprehensive management of total person health, involving care such as lifestyle management, mental health support, medication, and surgery, all delivered with a commitment to lifelong management.

EMPLOYER ACTION STEPS

1. **Examine your organization's data to determine whether current approaches to treating obesity are effective.**

Examining your data will uncover any gaps in care for employees living with untreated obesity and can inform benefit strategies to meet workforce needs. Data collection and analysis require collaboration between benefits and wellness teams, as well as health plans and other vendors, such as third-party administrators, pharmacy benefit managers, digital wellness sources, and onsite and near-site clinic administrators.



Questions to consider include:

- How many people have obesity-related claims and prescriptions?
- How many people are diagnosed with obesity?
- To what extent are dietitians and nutritionists available to patients?
- What are the prevalence of, and costs related to, obesity co-morbidities such as diabetes, cardiovascular disease, hypertension, some cancers, osteoarthritis, asthma, GERD, and mental health?
- What healthcare costs due to COVID-19 (absenteeism, treatment and hospitalization) can be assigned to employees dealing with obesity?
- Are FDA-approved weight-loss medicines, including evidence-based behavioral pharmacology, prescribed and managed appropriately?
- Are wellness programs and resources used primarily by the "worried-well"—employees who are already fit and healthy? Or are employees across the health continuum accessing them?

- How much is spent on obesity surgical and non-surgical medical procedures?
- What are the costs related to the lost workdays or reduced productivity of employees dealing with obesity-related illnesses?
- Are any on-site accidents associated with obesity?

Based on the cumulative analysis of the data collected, an employer can develop new and/or reframed health benefit design strategies, including wellness-related programs that can address the disease of obesity, reduce costs, and increase employee productivity and wellbeing.

2. Design comprehensive healthcare benefits to address obesity as a chronic illness.

Most employer-sponsored health plans do not have a comprehensive, evidenced-base healthcare benefit structure to address obesity as a disease. A comprehensive and effective benefit program would include:

- **Pharmacology.** Benefit plans need a full range of pharmacologic therapies for obesity within the formulary (and not as a carve-out or opt-in benefit that costs more money), similar to those for diseases like hypertension and hyperlipidemia.

  Jenny Goins, president and CEO of Kentuckiana Health Collaborative, has first-hand experience working with Kentucky's state employee health plan on pharmacological issues related to obesity: "I recommend that employers consider offering free or reduced-cost coverage for diabetes medications and supplies," Goins said. "This increased our pharmacy spend with diabetes, but it reduced our cost of drugs in other areas, like for high blood pressure. It also reduced our medical claims for emergency room use and in-office visits. Overall, we saved money. I would recommend implementing a similar structure for obesity drugs."

- **Surgical options.** Surgical options have increased, with more long-term data now available showing that surgery can sustain weight loss and resolve obesity-related co-morbidities. Sometimes, more than one surgery per person is warranted, with no waiting periods. David Arterburn, MD, MPH, who led a PCORI study of 46,000 bariatric surgery patients across 41 health systems, concluded that "modern bariatric procedures have strong evidence of efficacy and safety, and surgeries result in weight loss and impact diabetes remission."

- **Mental health support.** Successful treatment of the disease of obesity frequently requires mental health support. For decades, health practitioners have known that mental health issues often present as comorbidities with obesity. Forty-three percent of adults with depression struggle with the disease of obesity,

Weight Loss Improves Mental Health

A 5% to 10% loss in weight contributes to a:

23% increase in self-esteem

12% increase in work productivity

Source: Ariana M. Chao, PhD, CRNP, FNP-BC

Comprehensive Obesity Treatment Options

- Community Programs
- Over-the-counter medications
- Internet/electronic programs
- Commercial programs
- Registered dietitian
- Worksite programs
- Mental health professional
- Primary care
- Obesity medicine specialist
- Bariatric/metabolic surgeon

and adults with the disease of obesity are at increased risk of experiencing depression. A study at the University of Illinois, Chicago, combined weight-loss interventions with mental health support and found that patients experienced more weight loss and a decline in the severity of depressive symptoms over one year, compared to a control group that did not receive mental health support.

- **Total person health.** Total person health takes into account all the mental and physical needs of a patient when promoting good health or condition management. For medical treatments to have a significant and lasting effect, people with obesity often require lifestyle management support and behavioral health counseling.
- **Intensive, lifelong disease management.** Addressing obesity is a lifelong journey for patients. Even after significant weight loss that may lead to greatly improved health, patients commonly need ongoing engagement. Some examples include an unrestricted number of surgeries, no time limit on medication coverage, and ongoing access to counseling. Actively supporting patients with obesity not only helps keep them at optimal health and productivity but also yields a positive return on investment when compared to the costs that may arise if the disease is left untreated.

Sustained weight loss is due more to the intensity of treatment than the modality used to deliver it. High-intensity behavioral programs (12–26 visits in the first year) are more likely to produce clinically significant weight loss.

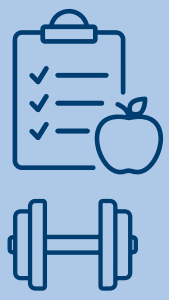
3. Require that health plans, providers and vendors collaborate to address obesity.

The traditional, siloed approach to obesity care has shown to be highly ineffective. For example, biometric screenings offered in tandem with weight loss programs alone have not curbed the steady rise in obesity. Collaboration between healthcare partners that includes both lifestyle management and medical treatment has been identified through studies like the PCORI PROPEL project as an effective route to sustainable, improved outcomes.

"We had many benefits to support, encourage and promote behaviors to tackle obesity. But all the players, from health vendors and doctors to employers, their PBMs, and their health plans, weren't working in alignment."

— Jenny Goins, president and CEO, Kentuckiana Health Collaborative

PCORI and PROPEL: The Case for High-Intensity Lifestyle-Based Counseling for Obesity



Over the past several years, the Patient-Centered Outcomes Research Institute (PCORI) funded the Promoting Successful Weight Loss in Primary Care in Louisiana (PROPEL) trial. Peter T. Katzmarzyk, PhD, of the Pennington Biomedical Research Center, served as the principal investigator.

The study implemented high-intensity, lifestyle-based counseling for obesity, delivered in primary care clinics serving a largely low-income population.

The study compared patients who received weekly intensive lifestyle counseling along with other treatments for obesity to a similar group that received the same treatment options but not the intensive lifestyle counseling.

The result after 24 months, later published in the New England Journal of Medicine (bit.ly/3dfdmEE), was that those receiving the intensive lifestyle coaching:

- Lost 4.5% more weight and lost 4.5 kilograms more
- Had lower total cholesterol and higher healthy cholesterol
- Had improvements in some aspects of quality of life, such as self-esteem, sexual life, work, and experience of fatigue

Dr. Katzmarzyk concluded: "Primary care doctors can be reimbursed for coaching, but they have neither training nor time. Our work now is to try to change the CMS reimbursement structure to cover health coaches. In the meantime, employers could consider providing this service through a lifestyle-based program."

OBESITY TREATMENT
Holding Your Health Plans Accountable

"Obesity affects 40% of the population. It's time health plans and employers gave it the attention it deserves."

"Employers have many opportunities to work closely with their health plans and to hold them accountable, just as they do for other chronic diseases such as diabetes and heart disease. Effective treatment for obesity includes lifestyle change, pharmacologic treatment, and bariatric surgery. Plans and PBMs should be asked how they are making these options available and accessible where appropriate, and employers should ensure they are taking full advantage of plan offerings. For example, on the lifestyle change front, we have found that while many plans cover counseling visits with a registered dietitian, coverage of the National Diabetes Prevention Program, an evidence-based lifestyle change program endorsed by the CDC, is often not available.

ACCOUNTABILITY ISSUES

- Health Plans
- Diagnosing obesity
- Multiple treatment options
- ID PCPs with obesity expertise
- Cover lifestyle change programs
- Unrestricted surgical options
- Provider accountability
- PBMs
- Cover anti-obesity meds, no carveouts

"Providing coverage of anti-obesity medications is another major opportunity to improve care outcomes. Employers need to ask themselves why they are treating obesity medications differently from medications for other chronic diseases, and then ask their PBMs how coverage can be made available, and how the plan will ensure appropriate use.

"I would also encourage employers to talk with their health plans about whether and how they identify primary care providers in the network who have the expertise and in-office resources to manage obesity. Ask health plans how they are measuring provider performance with regard to obesity. Weight-management specialist representation in the network is important, but we know their availability is limited. Providers also should be held accountable by plans for diagnosing obesity and including that diagnosis on claims, so that when employers look at their data, they can see the true impact of obesity on their population's health and on service utilization and cost."

— Neil Goldfarb, president and CEO of the Greater Philadelphia Business Coalition on Health (GPBCH)

4. Communicate to employees that obesity is a treatable disease.

Employees with obesity often believe that being overweight is their fault. Most fear that if they seek treatment, they risk losing their insurance coverage or their employment. Re-education about the fact that obesity is a treatable disease encourages participation in treatments and reduces the stigma associated with the disease.

Communication Keys

- New language
- Management education
- Employee education
- Consistent messaging from providers
- A range of treatment options

The foundation of a successful education campaign embodies these principles:

- New language that no longer labels, shames or stigmatizes a person with obesity, but addresses obesity as a disease. For example, employers can use "People-First Language."
- Outreach to employees to inform them of their options in this new collaborative approach to obesity treatment and to encourage them to get the care they need.
- A common understanding of the disease among all treatment providers, so employees receive consistent messaging.
- Communication about a range of treatment options that are affordable and evidence-based, treat the whole person, are individualized, and include a spectrum of components from intensive and ongoing counseling to medications, lifestyle support, mental-health support, and surgery.

Re-educating employees that obesity is a disease, not a lifestyle choice, requires a concerted effort by employers, providers, health plans, wellness programs, and community-based organizations.

THE JOURNEY TO BETTER HEALTH AND WELLBEING

"I was overweight by the time I was five years old."

A lifelong search for answers finally led to a comprehensive plan to treat the disease of obesity as the chronic illness that it is.

AVA ZEBRINK

Patient Experience & Engagement Coordinator, Ochsner Health System

Family Stereotyping

A genetic predisposition for diabetes and obesity come from both sides of my family. At one point, one of my aunts weighed as much as 500 pounds. I was overweight by age five. I weighed 200 pounds by my freshman year of college. My parents, who were "normal weight" and worked in healthcare, feared for my health and happiness. I felt that I was disappointing and hurting the people who love me. Nobody was as vicious to me as I was to myself.

Young Adult Traumas

Obesity is complex and so are its consequences and comorbidities. I was trapped in a cycle of failure, shame, and blame. I had clinical depression, hypertension, high-cholesterol, prediabetes, and polycystic ovarian syndrome. Even with interventions, I could lose some weight for some period, but I would regain it and then gain more. I continued to gain weight through college. I went to work as a paralegal, and the years of trial preparation were stressful and crushing, so my mental and physical health deteriorated further. My weight increased to 300 pounds.

I was facing possible weight-related knee surgery at age 25. That was my rock bottom—realizing that as miserable and sick as I had been, it was going to get worse. I decided on metabolic vertical sleeve surgery, where two-thirds of my stomach was removed. The procedure reduces intake of food and alters appetite and satiety. The surgery was not covered by my health insurance, so I went into significant medical debt. However, I lost 150 pounds. My energy and lifestyle changed. Two years after surgery, my appetite returned with a vengeance, compounded by the stress of graduate school. I regained 50 pounds. I turned to anti-obesity medications, for which I also lacked insurance coverage.

I strongly believe that if my doctors knew and understood the disease of obesity, I would never have gotten to 200 pounds. Doctors often tell patients, "You're obese, and it's important for your health that you lose weight. Your BMI should be under 30. You should eat this and not that. You should move more." It's like telling a person with depression, "You look sad and depressed. You should be happy and do things to be happy. The next time I see you, you should be 10% happier." That is not treatment.

Cascading Health Plan Failures

I was trapped in endless cycles of a complex disease with no insurance support. At first, I was on my father's health insurance, which offered bariatric surgery to employees only. I would have switched to my husband's insurance, but his policy did not cover spouses. It was later amended to cover spouses but still does not cover dependent children (under the age of 26). It covers only one surgery per lifetime (and excludes revisions) and no anti-obesity medications. My law firm's policy excluded any obesity treatment "regardless of medical necessity." I will never forget that phrasing.

Finally Coming Home

After my metabolic surgery, I attended an obesity patient advocacy convention. I began to learn the science of obesity, and an expert explained that the patients who were the most successful in the long run are the ones who make health their job (dietitians, personal trainers, etc.). I took that as a prescription. I returned to school for my master's in healthcare management.

A supportive attorney at my law firm introduced me to a childhood obesity researcher at Pennington Biomedical Research Center in Baton Rouge. The researcher referred me to Dr. Katzmarzyk of PCORI and PROPEL (see PROPEL sidebar).

My life dramatically changed. I learned further how obesity is a disease which can be treated by a combination of lifestyle management, mental health support, medication, and surgery. The key component, though, is having the support of specialists who understand the disease and its relapsing nature.

For the first time in my life, I felt like I was home, supported, and surrounded by people with answers.

My Passion of Passions

I began work as a patient partner for PROPEL, scripting screening calls to guide how coaches talk with patients, the language they use, and the sensitivity they show. No more shaming and blaming.

Obesity is a disease. Just as with any disease, we need evidenced-based treatment, whole person health, providers trained in the right language, and the full spectrum of treatment options. With obesity, like cancer, each situation is different.

That's what I believe. That's how I live. That's how I give back from the painful lessons of my life.

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RESOURCES

- "Rethinking how Employers Support the Patient Obesity Journey" (webinar, December 2021)
- PCORI PROPEL Study
- PCORI Obesity Surgery study
- Greater Philadelphia Business Coalition on Health: Prescription Weight Loss Therapies
- The New Science of Obesity, National Alliance Video
- STOP Mental Health, Obesity, and Racial Disparities
- STOP Mental Health Fact Sheet
- Link Between Obesity and Mental Health
- Parity Infographic

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National Alliance of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

1015 18th Street, NW, Suite 705 · Washington, DC 20036
(202) 775-9300 (phone) · nationalalliancehealth.org
twitter.com/ntlalliancehlth
https://www.linkedin.com/company/national-alliance/

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