

# Addressing Obesity through Holistic Design for Affordability and Sustainability

*National Obesity Advisory Council Position Statement & Recommendations for Employers*



FEBRUARY 2024



## Position Statement

Obesity is a complex and multifaceted chronic disease, affecting more than 40% of the US population and linked to more than 220 conditions, including cardiovascular disease, Type II diabetes, and certain cancers. Recognizing that most employers are committed to a whole person health approach for employees and their families that includes the optimization of healthcare resources, we acknowledge the urgency of addressing obesity, along with the long-held stigmas and biases associated with it.

In support of our commitment to obesity management, we encourage:

- ▶ Adoption of comprehensive guidelines that emphasize the importance of high-quality, interdisciplinary care, including prevention, treatment and maintenance
- ▶ Plan and program design that reimburses providers for obesity care consistent with emerging standards of practice
- ▶ Individualized treatment plans and the establishment of realistic expectations and goals
- ▶ Inclusion of behavior modification programs to support mental and physical health and wellbeing

As the science of obesity continues to evolve, it will offer more insights to help providers better address the persistent issues that have long frustrated efforts to curb the obesity epidemic. Although anti-obesity medications (AOMs) have emerged as an option for some patients, there is a need for a comprehensive, holistic approach that embraces obesity-trained clinicians and care teams. That approach needs to include care that addresses the mental and physical dimensions of each individual's journey through behavior change, such as nutrition education (e.g., “food as medicine”), lifestyle modifications (e.g., diet, exercise, stress management), and therapies (e.g., medication-assisted treatment and options for bariatric surgery, if appropriate).

Providing affordable access to obesity treatment options and personalized care is foundational to workplace health. Delivering education that addresses bias and stigma, and supports wellbeing, is also a critical step in managing obesity for a lifetime. It will be important for employers to develop adaptable benefit designs that address the obesity care continuum and provide appropriate, equitable coverage for the unique needs of high-risk individuals.



## Employer Recommendations

Employers should consider the full spectrum of obesity management strategies as traditional approaches to weight management have fallen short of expectations, with 90% of employers continuing to see rising obesity rates. These pillars focus on foundational workplace strategies:

### Engage through Obesity Science

- ▶ Promote education on the science of obesity—what happens to the body and why traditional/periodic diets are likely to fail.
- ▶ Use person-first language in communications to reduce the bias, stigma and shame associated with the disease of obesity.
- ▶ Work with health plan providers to engage primary care physicians in obesity management and the development of personalized obesity care plans by obesity-trained clinicians.
- ▶ Reinforce obesity (diabetes and cardiovascular disease) prevention as a first course of intervention at the population level.



### Design for Affordable, Equitable & Sustainable Impact

- ▶ Stay informed about evolving guidelines and be prepared to align benefit designs with updated standards, matching appropriate obesity care options to disease severity.
- ▶ Ensure the availability of less expensive obesity management options (e.g., lifestyle programs, memberships, and generic medications).
- ▶ Provide the tools and programs necessary to meet health goals, including behavior change programs. Make options easy to participate in, convenient, and affordable through health plans.
- ▶ Implement clear conditions and qualifications for advanced obesity management, targeting the medically eligible and those with the greatest need.
- ▶ Work with health plans to ensure primary care physicians are trained and given incentives (i.e., appropriate reimbursement) for the full spectrum of obesity care.
- ▶ Measure and monitor to ensure people don't abandon treatment prematurely and outcomes are achieved and sustained.
- ▶ Contract with vetted obesity management specialists and centers of excellence to ensure individualized and appropriate obesity treatment and care.





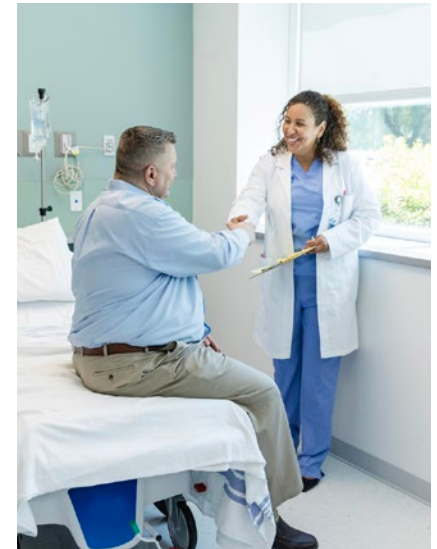
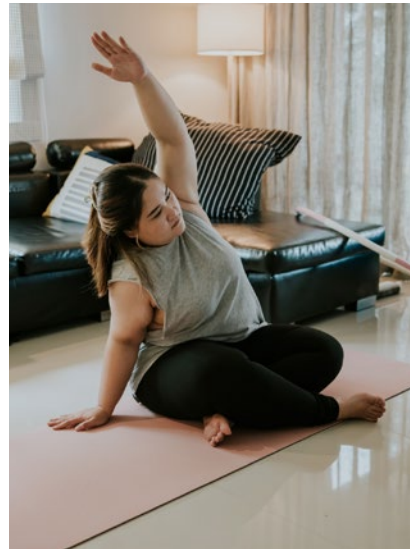
## Personalize for Shared Decision-Making & Responsibility

- ▶ Ensure coaching supports each participant's unique demographics (e.g., gender, age, race, and ethnicity) and lifestyle.
- ▶ Consider environmental influences, mental health, biology, predisposition to metabolic syndrome, medication-induced weight gain, and other co-existing conditions.
- ▶ Ensure vendor partners are providing education about potential risks and side effects and considering personal preferences in obesity treatment plans.
- ▶ Contract for a tiered clinical approach to care that follows American Association of Clinical Endocrinologist (AACE) guidelines, considering risk factors, patient history, co-existing conditions, and clinically required treatment outcomes.
- ▶ Simplify the process for employee access to lower-cost obesity medications (e.g., generics).
- ▶ Provide coverage that enables physicians to consider appropriate AOMs where clinically warranted for individuals who are unresponsive to prior therapies and committed to lifestyle changes.



## Integrate Care into a Culture of Health & Wellbeing

- ▶ Consider the long-term cost benefits of preventive obesity management to avoid the much higher costs and complexity of treating advanced obesity and ensuing co-existing conditions.
- ▶ Create an environment where healthy behaviors are supported and the norm (e.g., ensuring safe, walkable spaces; updating vending machines with healthy options).
- ▶ Mitigate barriers and other contributing factors to participation in obesity programs (e.g., food deserts, lack of workplace services).
- ▶ Evaluate the interplay of bio-psycho-social factors in obesity care for diverse populations.
- ▶ Instill a performance mindset and consider success measures other than weight loss, such as participation and performance goals.



## Coverage Decisions for Anti-Obesity Medications (AOMs)

APPROACH TO AOM COVERAGE	PROS	CONS	ISSUES
<p><b>Cover it</b></p>	<ul style="list-style-type: none"> <li>▶ Employees are asking for it</li> <li>▶ Fulfills the standard of care for obesity</li> <li>▶ Encourages early intervention/prevention</li> <li>▶ Enhances reputation as an employer of choice</li> <li>▶ Acknowledges emerging clinical evidence that supports strong weight loss impact</li> <li>▶ Ensures care options are consistent with those provided for the treatment of other chronic conditions</li> <li>▶ Reduces costs associated with co-existing conditions and advanced disease</li> </ul>	<ul style="list-style-type: none"> <li>▶ May lead to inappropriate or ill-informed use</li> <li>▶ May be cost-prohibitive</li> <li>▶ Requires a lifetime commitment</li> <li>▶ Results in monetary loss if a high percentage do not continue treatment</li> <li>▶ Potential to be a “fad” if affordable—and inequitable if not affordable</li> <li>▶ Not all people can tolerate AOMs; side effects and cautions require expanding other obesity program solutions</li> </ul>	<ul style="list-style-type: none"> <li>▶ Obesity is a key driver of health &amp; productivity outcomes.</li> <li>▶ Some AOMs are very expensive.</li> <li>▶ Concern that AOMs must be taken for life; people gain weight back when the drug is stopped.</li> <li>▶ Patient accountability and adherence</li> <li>▶ AOM-induced weight loss can lead to malnutrition and muscle loss.</li> </ul>
<p><b>Cover it with conditions</b></p> <ul style="list-style-type: none"> <li>▶ Include those with BMI greater than 35 or a co-morbid condition (e.g., diabetes)</li> <li>▶ Target to recommended weight loss (e.g., 20% of body weight within a set timeframe)</li> <li>▶ Require enrollment in a complementary behavior change program</li> <li>▶ Educate about side effects</li> </ul>	<ul style="list-style-type: none"> <li>▶ Targets those with the greatest need who are informed about tradeoffs and have demonstrated commitment</li> <li>▶ Generics are readily available to begin medication-assisted treatment; people must qualify for GLP-1s</li> <li>▶ May require enrollment in a behavior change program as complementary services (e.g., diet, exercise, lifestyle programs)</li> <li>▶ Generic AOMs are not as expensive as branded AOMs</li> </ul>	<ul style="list-style-type: none"> <li>▶ “Requirements” may unintentionally encourage weight gain to meet eligibility standards</li> <li>▶ Some medications are not tolerated well, resulting in program drop-outs and absorbed expense to the health plan</li> <li>▶ Adds complexity to the continuing coverage of individuals currently in treatment (including those hired) or those who temporarily pause use of the medications</li> </ul>	<ul style="list-style-type: none"> <li>▶ Only a small percentage of physicians are obesity-trained.</li> <li>▶ Unclear ROI for expensive treatment—what other values, besides ROI, should be considered?</li> </ul>
<p><b>Use centers of excellence</b></p> <ul style="list-style-type: none"> <li>▶ Use specialized network or vendor</li> <li>▶ Integrate into primary care</li> <li>▶ Measure obesity care outcomes and physician performance</li> </ul>	<ul style="list-style-type: none"> <li>▶ Personalized approach by obesity specialists without setting arbitrary standards</li> <li>▶ Effectively integrates whole person care</li> </ul>	<ul style="list-style-type: none"> <li>▶ Limited numbers of specialists in the field</li> <li>▶ High variation in expertise and effectiveness of service providers in this area</li> <li>▶ More apps and data sets to manage</li> </ul>	
<p><b>Don't cover it</b></p>	<ul style="list-style-type: none"> <li>▶ Insufficient data available</li> <li>▶ Concern about side affects</li> <li>▶ Cost for some AOMs is high and requires a lifetime commitment to maintain weight loss</li> <li>▶ Unsure of total cost of care</li> </ul>	<ul style="list-style-type: none"> <li>▶ Non-responsive to emerging standard of care</li> <li>▶ Inconsistent with handling of other chronic diseases</li> <li>▶ Potentially non-competitive benefits</li> </ul>	

**T**he Obesity Advisory Council is an experienced, dynamic group of leaders from National Alliance member coalitions and esteemed industry experts who are deeply involved in assessing and making recommendations about obesity coverage and treatment best practices. This diverse group convened and collaborated to develop a comprehensive position statement, recommendations, and coverage pros and cons to aid employers and other plan sponsors in making informed healthcare coverage decisions about obesity care and treatment.

## COALITION MEMBERS

**MICHAEL HOWARD** Alabama Business Group on Health • **MARIANNE FAZEN** Dallas Fort Worth Business Group on Health • **BOB MCCOLLINS** Employers' Advanced Cooperative on Healthcare • **KAREN VAN CAULIL, PHD** Florida Alliance for Healthcare Value • **NEIL GOLDFARB** Greater Philadelphia Business Coalition on Health • **PHIL BELCHER** HealthcareTN • **CRISTIE TRAVIS** HealthcareTN • **MATT THIBAUT** Kansas Business Group on Health • **JENNY GOINS** Kentuckiana Health Collaborative • **NATALIE MIDDAUGH** Kentuckiana Health Collaborative • **AMANDA GREENE** Lehigh Valley Business Coalition on Healthcare • **CARL SEITZ** Lehigh Valley Business Coalition on Healthcare • **JOHN MILLER** Mid-Atlantic Coalition on Health • **CHERYL LARSON** Midwest Business Group on Health • **DAWN WEDDLE** Midwest Business Group on Health • **CHRIS SYVERSON** Nevada Business Group on Health • **JON RANKIN** North Carolina Business Coalition on Health • **AL CHARBONNEAU** Rhode Island Business Group on Health • **ANNIE FITZGERALD** St. Louis Area Business Coalition on Health • **CARI MARSHALL** The Collective (Oklahoma)

## INDUSTRY EXPERTS

**SCOTT CONARD, MD** National Alliance Medical Director Advisory Council • **ANGELA FITCH, MD** Obesity Medicine Association • **DIANA JOHNSON** Rockefeller Foundation • **REKHA KUMAR, MD** Found Health • **DEXTER SHURNEY, MD** Blue Zones

## NATIONAL ALLIANCE STAFF

**CHRISTINA BELL** • **AMANDA GREEN** • **JEAN HANVIK** • **MARGARET REHAYEM** (Project Lead)

**National Alliance of Healthcare Purchaser Coalitions**  
1015 18th Street, NW, Suite 705  
Washington, DC 20036  
(202) 775-9300 (phone)  
(202) 775-1569 (fax)



For over 30 years, the National Alliance has united business healthcare coalitions and their employer/purchaser members to achieve high-quality care that improves patient experience, health equity, and outcomes at lower costs. Its members represent private and public sector, nonprofit, and labor union organizations that provide health benefits for more than 45 million Americans and spend over \$400 billion annually.