OBESITY CARE ADVOCACY NETWORK

THE CASE FOR EVIDENCE-BASED INTENSIVE BEHAVIORAL THERAPY FOR OBESITY TREATMENT

THE CASE FOR COVERAGE: INTENSIVE BEHAVIORAL THERAPY

Obesity is a complex, chronic, and progressive disease that can be effectively treated by evidence-based health care. Obesity is associated with related diseases/complications, including heart disease, stroke, type 2 diabetes, liver disease, chronic kidney disease, certain types of cancer, and COVID-related death.

More than 42 percent of U.S. adults aged 60 and older live with obesity, and 9.2 percent live with severe obesity. It is the second leading preventable cause of death in the United States. Professional standards of care layout effective and proven interventions which include both intensive behavioral counseling for healthy lifestyle, medication, and, for some bariatric surgery.

Studies have shown that Intensive Behavioral Therapy for obesity has numerous positive outcomes; however, the existing national coverage determination (NCD) for Medicare's IBT for Obesity benefit does not align with current clinical guidelines and available scientific literature. Medicare limits IBT counseling to a qualified primary care physician or other primary care practitioner and in a primary care setting, thus severely cutting off treatment options for those living with obesity.

The Treat and Reduce Obesity Act (TROA) is bipartisan legislation that would close these Medicare coverage gaps for millions of Older Americans in need of obesity treatment. TROA would enhance Medicare beneficiaries' access to healthcare providers and community-based programs that are best suited to provide IBT under Part B and by allowing Part D to cover Food & Drug Administration (FDA)-approved obesity medications. The net effect of *not* providing coverage for modern obesity care is that Medicare and Medicaid will shoulder $4.1T in obesity-related costs over the next ten years, according to U.S. Government economists.

EVIDENCE-BASED IBT TREATMENT FOR OBESITY PROVIDE ACCURATE INSIGHT INTO EFFECTIVENESS AND COST

Effects of Lifestyle Intervention on Health Care Costs, Journal of the American Dietetic Association, 2007

This report compared lifestyle case management to usual care and concluded that the addition of a modest-cost, registered dietitian–led lifestyle case-management intervention to usual medical care did not increase health care costs and suggested modest cost savings among patients with obesity and type 2 diabetes.

- After incorporating program costs, the mean health plan costs were $3,586 lower in case management compared to usual care. The difference was driven by group differences in medical but not pharmaceutical costs with fewer inpatient admissions and costs among case management compared with usual care.

Weight Management Interventions Provided by a Dietitian for Adults with Overweight or Obesity, Journal of the Academy of Nutrition and Dietetics, 2023

This report examined the efficacy of weight management interventions by a registered dietician.

- Compared with control conditions, weight management interventions provided by a dietitian resulted in improved body mass index, percent weight loss, waist circumference, blood pressure, and quality of life.

Diabetes Prevention Program (DPP), National Institute of Diabetes and Digestive and Kidney Diseases

The Diabetes Prevention Program Lifestyle Change Program lowered participants' chances of developing type

2 diabetes by 58% compared to individuals that took a placebo. The lifestyle program worked particularly well for participants ages 60 and older, lowering their chances of developing type 2 diabetes by 71 percent.

CMMI Health Care Innovation - Impact of Diabetes Prevention Programs The CMS Office of the Actuary considered the 2015 CMMI evaluation and long term studies of the lifestyle intervention for diabetes, including a seminal 2015 report on the long-term impacts of a similar diabetes prevention program pilot started in 1996, in their memo certifying the MDPP program for expansion. The CMMI evaluation found that the MDPP demonstration resulted in:

- Average weight loss shown in the 12th quarterly report was 4.73 percent for participants attending at least four core sessions and 5.17 percent for participants attending at least nine sessions. There was a statistically significant reduction in hospitalizations and emergency department visits. The model also demonstrated a statistically significant reduction in Medicare spending by $1.8 million (gross savings of $2,650 per person) across five quarters in the model. The findings were the basis for OACT's certification that the model met the criteria for expansion into a permanent Medicare program.

Financial implications of New York City's weight management initiative, PloS one, 2021
This report estimated potential annual savings in medical expenditures from a subsidized weight management program from the NYC Government perspective, with measures of participation rate, enrollment duration, weight change, and predicted gross and net total and per capita medical expenditure savings and return on investment (ROI).

- 47% of participating employees and 50% of participating dependents lost weight during the enrollment period. Mean (median) enrollment duration for employees was 7.1 months. The annual per capita and total predicted net savings to NYC Government from employees was estimated to be $120 and $1,486,102 for an ROI of 143%. Including dependents, predicted net savings increases to $1,963,431 for an ROI of 189%. Over 80% of savings came from participants in the Obese III category.

Incremental cost-effectiveness of evidence-based non-surgical weight loss strategies. Clinical obesity, 2019
This report found lifestyle modification program Weight Watchers Meetings, to be an evidence-based, commercially available, cost-effective option for non-surgical weight loss.

Extended and standard duration weight-loss program referrals for adults in primary care (WRAP): a randomized controlled trial. Lancet, 2017
This study established the optimal duration of a primary care referral to an open-group behavioral program as an effective strategy for management of obesity. For adults with overweight or obesity, referral for at least 12 weeks was more effective than brief advice and self-help materials; however, a 52-week program produced greater weight loss and other clinical benefits.

THE BOTTOM LINE

Studies demonstrate that there is an array of evidence-based providers of Intensive Behavioral Therapy (IBT) for the treatment of obesity. The Department of Health and Human Services needs to undertake a reconsideration of the national coverage determination (NCD) for Medicare's IBT for Obesity benefit to ensure the NCD reflects the current clinical guidelines and scientific literature.