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FOUNDATION

# NIHCM MEETING BRIEF

MAY 2006

## Advancing Obesity Prevention and Control

### LESSONS LEARNED FROM A CDC – NIHCM LEADERSHIP FORUM

Too little is known about the effectiveness of obesity prevention strategies and too little is done with what is known to tackle this mounting public health problem. Evaluating obesity reduction strategies can improve care as well as help save money and redirect valuable health care resources. Given this state of affairs, CDC and NIHCM Foundation recognized a need for a public-private sector discussion about building the evidence base for obesity reduction programs as well as ways to develop partnerships to address obesity in the United States.

#### INTRODUCTION

Public and private sector health care experts agree that obesity is a national public health priority that has reached epidemic proportions. Obesity contributes to many negative health consequences, such as heart disease and cancer, with enormous population and economic effects. Like other stakeholders, health plans are concerned about these problems. Overweight and obesity affect the health of many health plan members and raise health care costs for all.

At present, gold standard evidence on which approaches work to prevent and treat obesity is limited.<sup>1</sup> Nevertheless, many health plans are proceeding with creative approaches in the face of imperfect evidence.<sup>2</sup> Although some health plan strategies are firmly grounded in scientific evidence, less is known about the effectiveness of other strategies. For a variety of reasons, programs often do not include an evaluation component – a necessary tool for measuring success.

On March 10, 2006 the National Institute for Health Care Management (NIHCM) Research and Educational Foundation convened a Leadership Forum with Centers for Disease Control and Prevention (CDC) obesity experts and chief medical officers, medical directors, clinical experts and researchers from seven NIHCM member health plans (see the Participants List at the end of this Brief).

The purpose of the Forum was to address two main questions:

- 1) What can CDC learn from current health plan initiatives in obesity prevention and control?
- 2) How can the private sector benefit from CDC work and guidance in this critical public health area?

In the productive discussion that ensued, health plan participants described the wide range of obesity prevention and control activities they are undertaking, how decisions were made about what interventions to undertake, the evidence base underlying these strategies, and how CDC can support evaluation of private sector efforts to treat and prevent obesity. Following the forum, several participants remained to discuss “next steps” that may be taken to expand public-private collaborations to improve obesity prevention and treatment.

#### LESSONS LEARNED

*What can CDC learn from current health plan initiatives in obesity prevention and control?*

- **Success in tobacco cessation can be used as a model.** Obesity reduction program development and evaluation can benefit from knowledge gained through tobacco cessation efforts. When the public health threat of smoking first emerged, evidence-based guidelines, physician advice, and public and private coverage for smoking cessation programs were minimal or lacking. Smoking cessation research was underdeveloped, smoker identification was not routinely practiced by health plans, and there was only one HEDIS tobacco measure in use. Today, an evidence-based systems change guideline exists, three HEDIS measures are in use, physicians routinely advise on smoking cessation, and public and private coverage of smoking cessation programs is commonplace. By equipping physicians with tools, offering enrollees and payors programs and resources, and working with communities on public

education campaigns, health plans can replicate these successes in the obesity area. As national awareness of the obesity problem increases and local initiatives multiply, the most successful programs can be rolled out nationally, following the model that evolved in the fight to reduce tobacco use.

- **Strong leadership and support from the top is necessary.** Health plan CEOs often led the way for new obesity reduction and weight management programs as they recognize the need for the private sector to contribute solutions. Many innovations have been born in this way.
- **Evaluations can be costly and time-consuming, causing plans to move forward with practical efforts that lack an evaluation component.** However, the Forum revealed that several plans are partnering with local universities to evaluate obesity prevention programs. For example, WellPoint in California, working with UCLA, is looking at how training physicians in BMI measurement can improve screening for at-risk children. BlueCross BlueShield of Western New York has entered a five-year relationship with the University at Buffalo to study four alternatives to gastric bypass surgery treatments for treating obesity. This model (plans partnering with universities) may be a promising strategy for other health plans to initiate program evaluations.
- **Patient satisfaction is an important outcome for plans, even in the absence of clinical outcome measures.** Several plans described formal or informal reviews of their clinical and disease management programs and have found that personal attention makes a difference for both compliance and patient satisfaction. Disease management programs appear to complement the work done by individual physicians with patients in their offices.

*How can the private sector benefit from CDC work and guidance in this critical public health area?*

- **CDC can help provide guidance to plans based on expert reviews of existing evidence of program effectiveness.** For example, CDC-supported research has shown that methods of communicating health education information are as important (or

more important) as the messages themselves. Physicians, health educators and schools – together with health plans – must participate in broad communication strategies. Relying only on brochures and written materials is not enough. The trick, as one plan participant noted, is going “from information to inspiration.”

- **CDC can help marshal the interest of employers in support of innovative health plan benefit designs.** Larger, self-insured employers (who bear more risk for health care costs) have been requesting these programs. Plan participants noted, however, that this can be a challenge for plans with national accounts in multiple states. CDC can continue to assist in this area through broad dissemination of its ongoing work of innovative worksite efforts.
- **CDC can provide model communication strategies that are culturally sensitive and language appropriate.** Forum participants recommended that programs be pre-tested with groups to assure that they convey the intended messages. For example, in some social marketing materials, visual representation of overweight children may have the unintended consequence of depicting them as “pleasantly plump” rather than alerting parents to the potentially dangerous implications of obesity and overweight in childhood.
- **CDC can help build consensus on best practices in obesity prevention and treatment by working with plans and physicians.** Since “that which is measured is that which is done,” creating quality and performance measures for treatment and prevention of obesity will increase the likelihood that obese and overweight patients get the care they need. While CDC does not issue practice guidelines, it can convene stakeholders to begin answering the difficult questions. In addition, health plans were clear: they welcome guidance from CDC in their own crafting of recommendations. Guidance was desired, specifically, on reimbursement issues, such as whether the current ICD-9 system includes payment codes for obesity prevention services.

- **Health plans would like CDC to assist, at least on an advisory basis, in crafting evaluations.** Many health plans lack the technical skills to design effective evaluation components in obesity prevention and weight management programs. Plan participants requested CDC expertise and guidance in this task.
- **CDC experts noted that more health plan obesity efforts and evaluations seem to be focused on children than on adults.** Some plan participants pointed out that employers – important group insurance customers – typically focus on obese adults in programs they have instituted or bought from plans, as these make up their employees. To complement these efforts, nearly all the health plans have funded, supported and participated in large community efforts that often focus on children and involve partnerships with schools.
- Creating comprehensive disease management programs for at-risk enrollees, including providing materials on healthy eating (e.g., healthy recipe ideas), encouraging increased physical activity (e.g., by providing pedometers and gym membership discounts), and basic educational information (Horizon Health and Wellness Education Program – Horizon BCBS)
- Creating bariatric surgery centers of excellence where patients are educated, counseled and appropriately followed-up to increase success of surgery and sustained weight management (Centers of Excellence for Morbid Obesity Surgery Program – BCBS North Carolina)
- Evaluating a project to increase BMI screening and reporting by training pediatric clinic staff (medical assistants and office staff) and encouraging regular measurement and documentation (WellPoint, Inc.)

## CREATIVE HEALTH PLAN INTERVENTIONS AND PROGRAMS

The Forum provided CDC the opportunity to learn and inquire about current health plan strategies in fighting obesity. The following list highlights some of these strategies:

- Mobilizing support from partners for a multi-targeted effort such as a state-wide walking challenge between different employers and an expert coalition to develop and distribute annual wellness standards of care to more than 3000 physicians (Arkansas Fitness Challenge and Arkansas Wellness Coalition - BCBS Arkansas)
- Creating payment incentives for physicians treating obesity related conditions and designing benefit structures that incorporate financial rewards for members sustaining good health habits (Highmark Lifestyle Returns – Highmark Inc.)
- Partnering with and funding research experts at a local university to conduct clinical trials of behavioral weight loss alternatives to bariatric surgery (BCBS Western New York)

### NOTES:

<sup>1</sup>Dietz WH, Robinson TN. Clinical practice. Overweight children and adolescents. *N Engl J Med* 2005 May 19; 352(20):2100-9. Expert reviews of the scientific literature are published in: *Guide to Clinical Preventive Services*, 2001-2004, U.S. Preventive Services Task Force (USPSTF), available at: <http://www.ahrq.gov/clinic/uspstfix.htm>; and *Guide to Community Preventive Services*, 2005, Task Force on Community Preventive Services (TFPCS), available at <http://www.thecommunityguide.org/>.

<sup>2</sup>*Health Plans Emerging as Pragmatic Partners*, April 2005, NIHCM Foundation. Available at: <http://www.nihcm.org/finalweb/ObesityReport.pdf>.

<sup>3</sup>The Evidence Synthesis table is available at: <http://www.nihcm.org/finalweb/NIHCMObesitySynthesis.pdf>.

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**About NIHCM Foundation**

The National Institute for Health Care Management Research and Educational Foundation is a non-profit organization whose mission is to promote improvement in health care access, management and quality.

**About This Publication**

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