



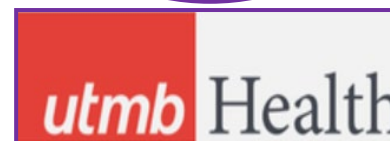
TCoC Reduction Through Obesity and Metabolic Syndrome Management



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TCoC Reduction Through Obesity and Metabolic Syndrome Management

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Ted Kyle RPH Principal, ConscienHealth– *Burden of Obesity on Comorbidities*

Hani Serag, MD MPH UTMB, Div. Endocrinology–*Lifestyle Impact on Obesity via NDPP*

Karen Rickers, MD CMO, Next Level Health and Wellness–*Comprehensive Approach in Managing Patients with Obesity*

Q&A

Obesity itself is associated with **high indirect costs** for employers



Short-term disability¹

According to a retrospective analysis of a large, national employer database (N=89,097)

- Employees with obesity-related complications are nearly **2x as likely** to file short-term disability claims
- The number of short-term disability claims can **increase by 37%** as BMI increases from 30 kg/m² to 35 kg/m² for those with diabetes, hypertension, or hyperlipidemia



Absenteeism

- According to one study using 2006 to 2008 survey data (N=89,097), employees with a BMI of 40 kg/m² will **miss 77% more work days^a** compared with employees with a BMI of 25 kg/m²¹
- Obesity-related absenteeism can cost employers **\$12.8 billion annually²**



Workers' compensation³

- In a 3-year study of workers' compensation claims, claims were **160% higher** for employees with obesity (BMI ≥30 kg/m²) compared with those with normal weight (BMI 18.5 kg/m² - 25 kg/m²)^b



Presenteeism²

- Presenteeism in the workplace has been shown to be the **single largest cost driver** associated with obesity, regardless of BMI



Productivity^{4,c}

- Increasing BMI is associated with **impaired work productivity** and indirect costs
- Overall work productivity impairment was **significantly greater for transportation employees** in at least 1 obesity class vs those with normal BMI ($P < 0.05$)
- Indirect costs were higher for transportation employees with obesity Class III vs those with normal BMI: **\$11,741.81 vs \$5688.76, respectively⁴**

^aDue to sick days, short-term disability, and workers' compensation days.¹

^bStudy specific to the Louisiana Workers' Compensation Corporation Claims Payment Database for open claims. Study included ~2300 injured employees filing workers' compensation claims.³

^cFrom a study using the 2014 and 2015 US National Health and Wellness Surveys (N=59,772) to evaluate the relationship between employees' BMI and work productivity across various occupations.⁴

References: 1. Van Nuys K et al. *Am J Health Promot.* 2014;28(5):277-285. 2. Finkelstein EA et al. *J Occup Environ Med.* 2010;52(10):971-976. 3. Tao X et al. *J Occup Environ Med.* 2016;58(9):880-884. 4. Kudel I. *J Occup Environ Med.* 2018;60(1):6-11.

- **TCoC Reduction Through Obesity and Metabolic Syndrome Management**

- Obesity has an enormous impact on employers, employees, and society
- Value can only be created if there is access for Medical & Pharmacy support
- Barriers exist provide effective medication access in the employer setting but can be overcome
- Increased use will create competition
- The societal and employer burden of obesity is not going away

Working to Correct a Costly Mistake: Denial of Care for People Living with Obesity



Cold Money, photograph by Theo Crazzolaro / flickr

- **ConscienHealth**
Named a 2022 Champion of Evidence-Based Psychological Interventions by the ABCT
- **Obesity Society**
The leading scientific organization advancing understanding of the causes, consequences, prevention and treatment of obesity
- **Obesity Action Coalition**
Dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support

Good Obesity Care Requires Access To the Full Range of Obesity Care Tools



Self-Care Is Often the Only Option Available for Obesity



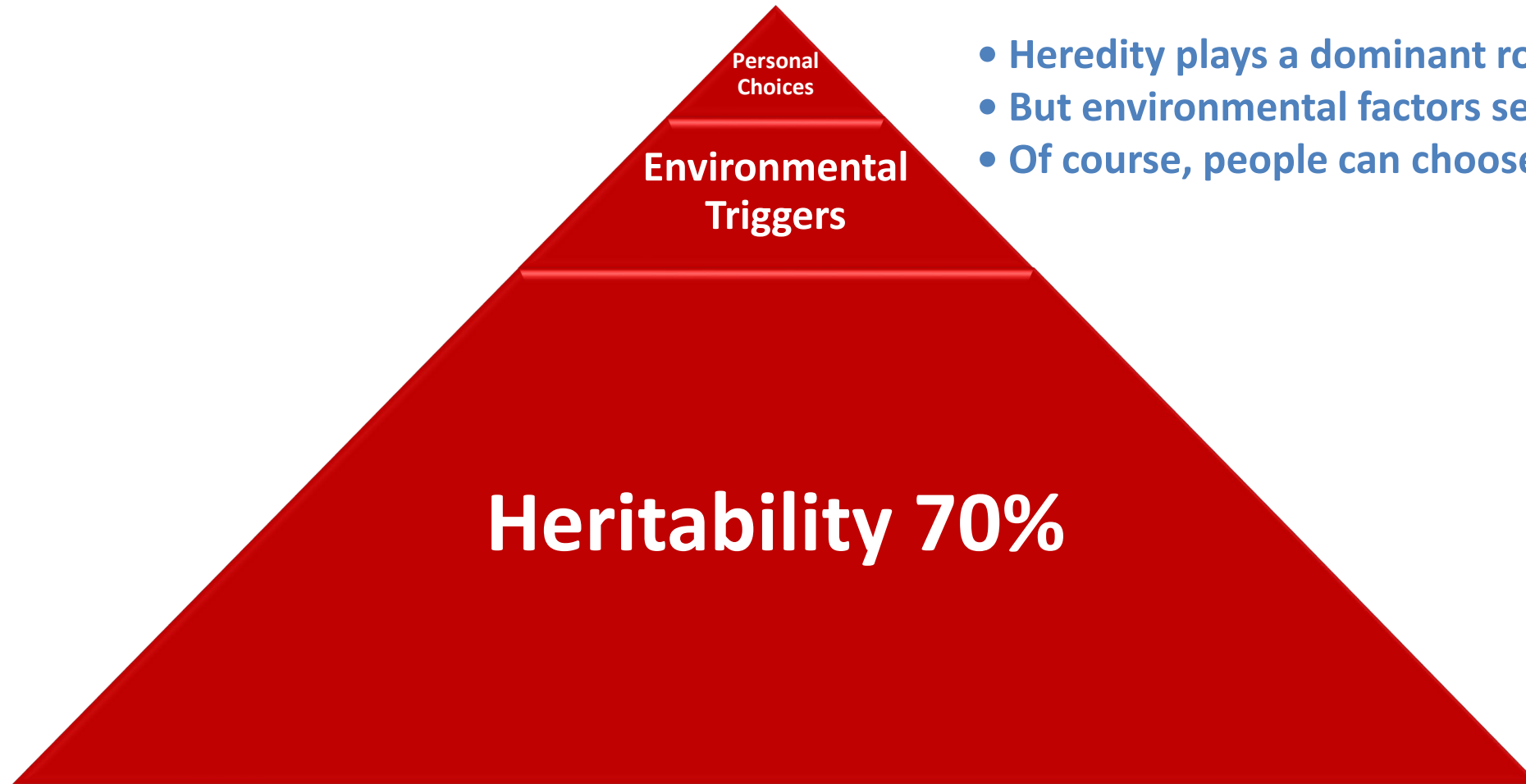
People Typically View Obesity as the Result of Poor Choices

Environment • Choices • Genes



70%

The Truth Is That Obesity Is a Highly Heritable Chronic Disease



- Heredity plays a dominant role in obesity risk
- But environmental factors serve to activate it
- Of course, people can choose what to do about it

Pervasive Bias Makes It Easy for Health Systems to Discourage People from Seeking Obesity Care

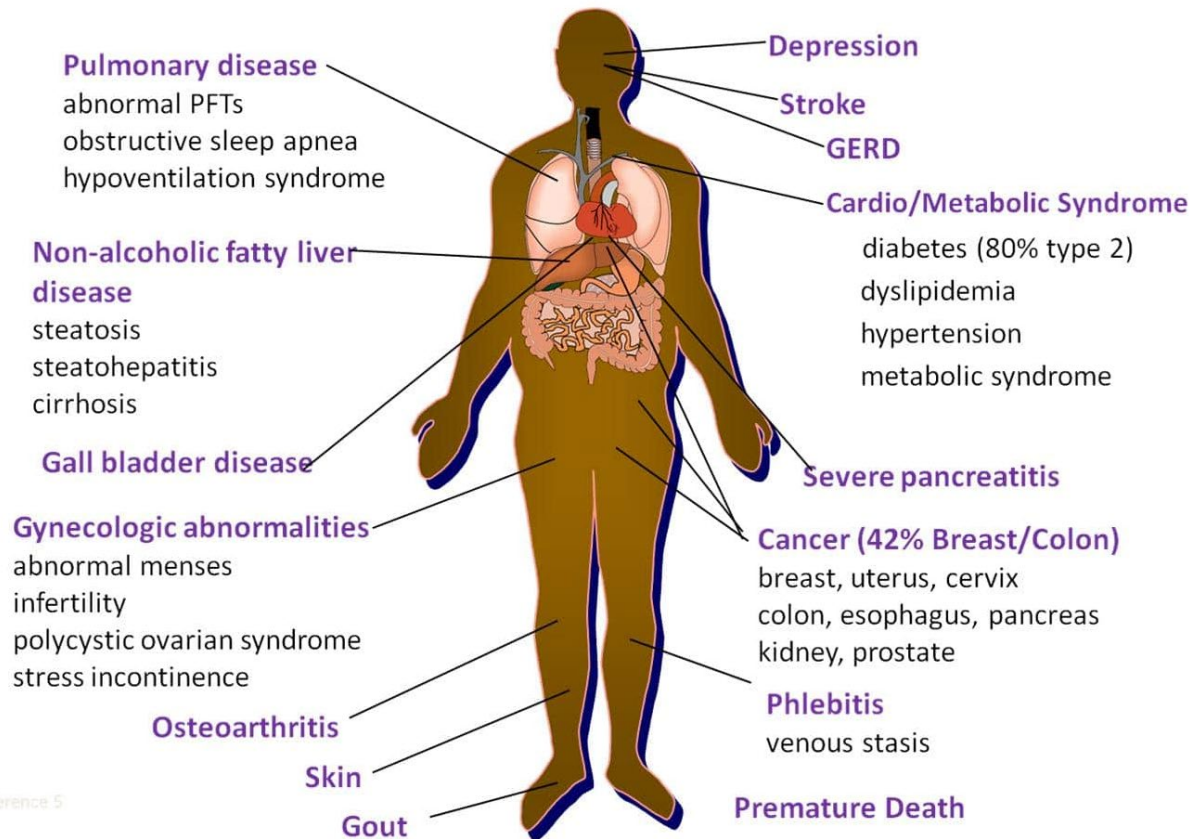


Saving Cash, photograph by 401(K) 2012 / flickr

- Routine policy exclusions for obesity
“Regardless of any potential health benefit”
- Lifetime procedure caps
- High out of pocket costs
- Problematic reimbursement rates and procedures
- But obesity complications are fully covered

The Result: a Crushing Burden of Chronic Disease

Obesity Affects Nearly Every Organ System



Reference 5



Health and Economic Costs of Chronic Diseases

90% of the nation's \$4.1 trillion in annual health care expenditures are for people with chronic and mental health conditions.^{1,2}



ORIGINAL ARTICLES

JOEM Journal of Occupational and Environmental Medicine

Effect of Chronic Diseases on Work Productivity

A Propensity Score Analysis

Fouad, Ahmed Mahmoud MD, MSc; Waheed, Amani MD, PhD; Gamal, Amira MD, PhD; Amer, Shaimaa Ahmed MD, PhD; Abdellah, Rasha Farouk MD, PhD; Shebl, Fatma Mohamed MD, PhD

But Things Are Changing

“This report illustrates the urgent need for making obesity prevention and treatment accessible to all Americans in every state and every community.

“When we provide stigma-free support to adults living with obesity, we can help save lives and reduce severe outcomes of disease.”

– CDC Statement 27 Sep 2022

Patient Voices Gaining Traction



The New York Times

Account ▾

The Doctor Prescribed an Obesity Drug. Her Insurer Called It 'Vanity.'

Many insurance companies refuse to cover new weight loss drugs that their doctors deem medically necessary.



By Gina Kolata

May 31, 2022



Despite Pricing Issues, ICER Speaks Up for Access to Obesity Meds

“The vast majority of people with obesity cannot achieve sustained weight loss through diet and exercise alone. As such, obesity, and its resulting physical health, mental health, and social burdens is not a choice or failing, but a medical condition. The development of safe and effective medications for the treatment of obesity has long been a goal of medical research that now appears to be coming to fruition. With a condition affecting more than 40% of adults in the US,

the focus should be on assuring that these medications
are priced in alignment with their benefits so that they
are accessible and affordable across US society.”

– ICER’s Chief Medical Officer, David Rind, MD

OPM Setting a New Standard of Full Access to Care for Federal Employees



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Federal Health Plans Step Up Coverage of Obesity Treatment

🕒 April 29, 2022

“Obesity is a medical condition that requires medical intervention along with lifestyle and behavior change for optimal outcome.”

– U.S. Office of Personnel Management
March, 2022

“We have never been closer to seeing such a large workforce gain access to this level of comprehensive care.”

– William Dietz in *Health Affairs*, August 2022
doi: 10.1377/forefront.20220817.855384

Diverse Perspectives About Obesity Mean Many People Are Not Ready for Obesity Care

- Fat acceptance
- Health at Every Size®
- Self stigma
- Disordered eating
- Cycles of weight loss and gain
- **Informed and engaged**



Photograph © Obesity Action Coalition / OAC Image Gallery

Diabetes Prevention Program

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Assistant Professors

Department of Internal Medicine – Emotionology

University of Texas Medical Branch

- 96 million people ≥ 18 years have prediabetes (38.0% of the US adult population).
- 30% of them will develop T2D within 5 years if we do not intervene timely and effectively.

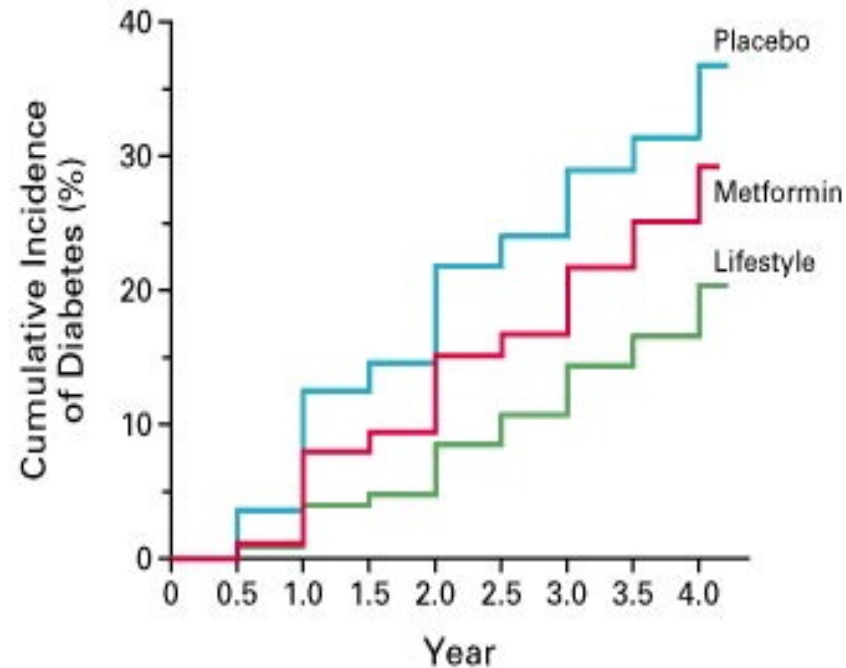
↓ 5% to 7% of body weight



↑ Physical activity to 150 min/week



Cut diabetes risk by 58%
Or by 71% if ≥ 60 years



Weight loss	Decrease in risk*
0.1 kg	
2.1 kg	31%
5.6 kg	58%**

**** 71% if >60 years of age**

P < 0.001 for each comparison.
*Decrease in risk of developing diabetes, compared to placebo group.

Diabetes Prevention Program Research Group. *N Engl J Med.* 2002;346:393-403.

PREVENT T2 Eligibility

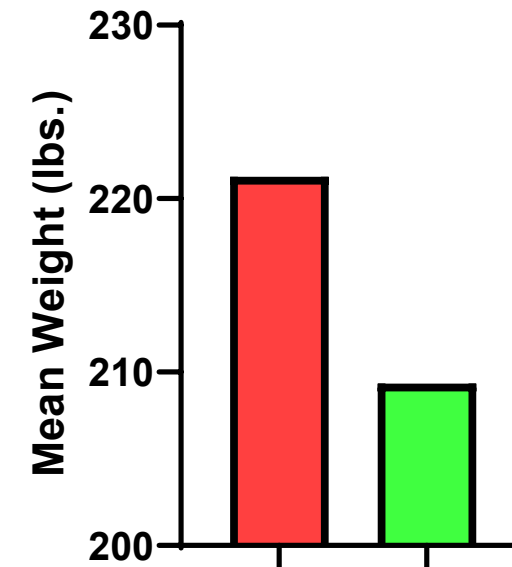
A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

- ≥ 18 years of age
- Not Pregnant
- Overweight (body mass index ≥ 25 ; ≥ 23 if Asian) and
- Have no previous diagnosis of type 1 or type 2 diabetes and
- Have a blood test result in the prediabetes range within the past year:
 - Hemoglobin A1C: 5.7%–6.4% or
 - Fasting plasma glucose: 100–125 mg/dL or
 - Two-hour plasma glucose: 140–199 mg/dL or
- Was previously diagnosed with gestational diabetes

Completed 12 mo	Drop out	Ongoing	Total
54	14	39	107

Participant Breakdown by Sex and Ethnicity					
	White	Hispanic	Black	Asian	Total
Female	42%	27%	9%	2%	80%
Male	11%	5%	4%	0%	20%
Total	53%	32%	13%	2%	100%

Mean Weights Pre and Post DPP



Weight loss mean= 12lbs/participant
Weight loss average for all participants = 5.4%

Modalities

- In-person (CDC full recognition)
 - OLLI
 - Stark Diabetes clinic - League City
 - Wellness Center – Angleton Danbury

Temporary using distant learning due to
COVI-19 – 100 retention rate

Distant-learning (CDC pending recognition)

- We offer means for connectivity and monitoring for disadvantaged population groups (tablets, data plans, Fitbits, weight scales, PB monitors)

Work with Employers

Option 1: Connect the employer to a network of DPP providers

- Set criteria for choosing a DPP provider tailored to the employees' population. For an informed selection, consider:
 1. Modality: In-person, distance learning, online, or combination modalities
 2. Time: After hours and on weekends
 3. Language: English, Spanish, etc.
 4. Culture: Culturally appropriate programs
 5. Fun: Extra-curricular enrichment activities (cooking demo, fitness session, yoga session, reading food labels at the store... etc.)

Option 2: Build in-house capacity

1. Train and certify in-house lifestyle coaches
2. Share marketing material and program packages
3. Assist/advise with data collection, management, and reporting to the CDC
4. Assist/advise with reimbursement and claim submission
5. Assist in the identification of eligible employees



Membership Paid by Employer

Unlimited Access to Care

No Out of Pocket Cost to the Patient

Primary and Preventive Care, Chronic Disease Management, Urgent Care

Health Coaching, Diabetes Prevention Program

Emotional Wellness Coaching

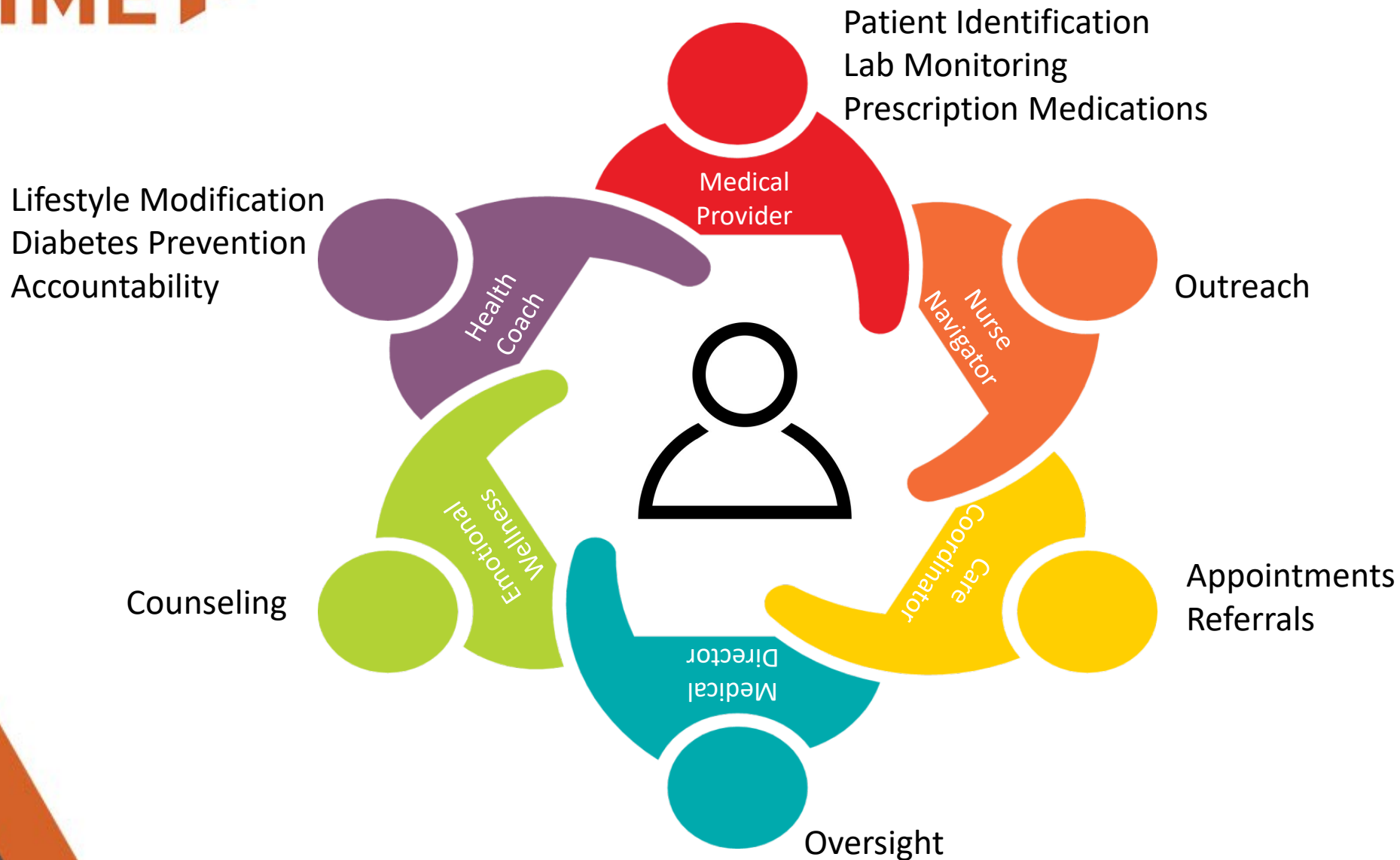
Care Navigation

In-Person and Virtual Care

24/7 Access

Lab and Vaccines Included

APPROACH TO OBESITY



INITIAL DIABETES PREVENTION PROGRAM DATA

100% PATIENTS IMPROVED A1C

AVERAGE A1C REDUCTION 0.4%

AVERAGE WEIGHT LOSS 9.3%