The Employer Perspective:

Ensuring Comprehensive Care for the Workforce

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Shawn Gremminger
President & CEO

National Alliance of Healthcare Purchaser Coalitions

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Driving Health, Equity and Value

Disclosures

- Nothing to disclose

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National Alliance of Healthcare Purchaser Coalitions

Employer/Purchaser coalitions across the country

- Represent 45 million Americans
- Healthcare spend exceeding $400 billion annually

Cross-section of purchasers

- Private Sector including 60% Fortune 100
- Public Sector including states, cities, school districts and the federal government
- Union organizations (e.g., UAW, UAW Trust, 32 BJ)

The only nonprofit, purchaser-aligned organization with a national and regional structure dedicated to driving health and healthcare value

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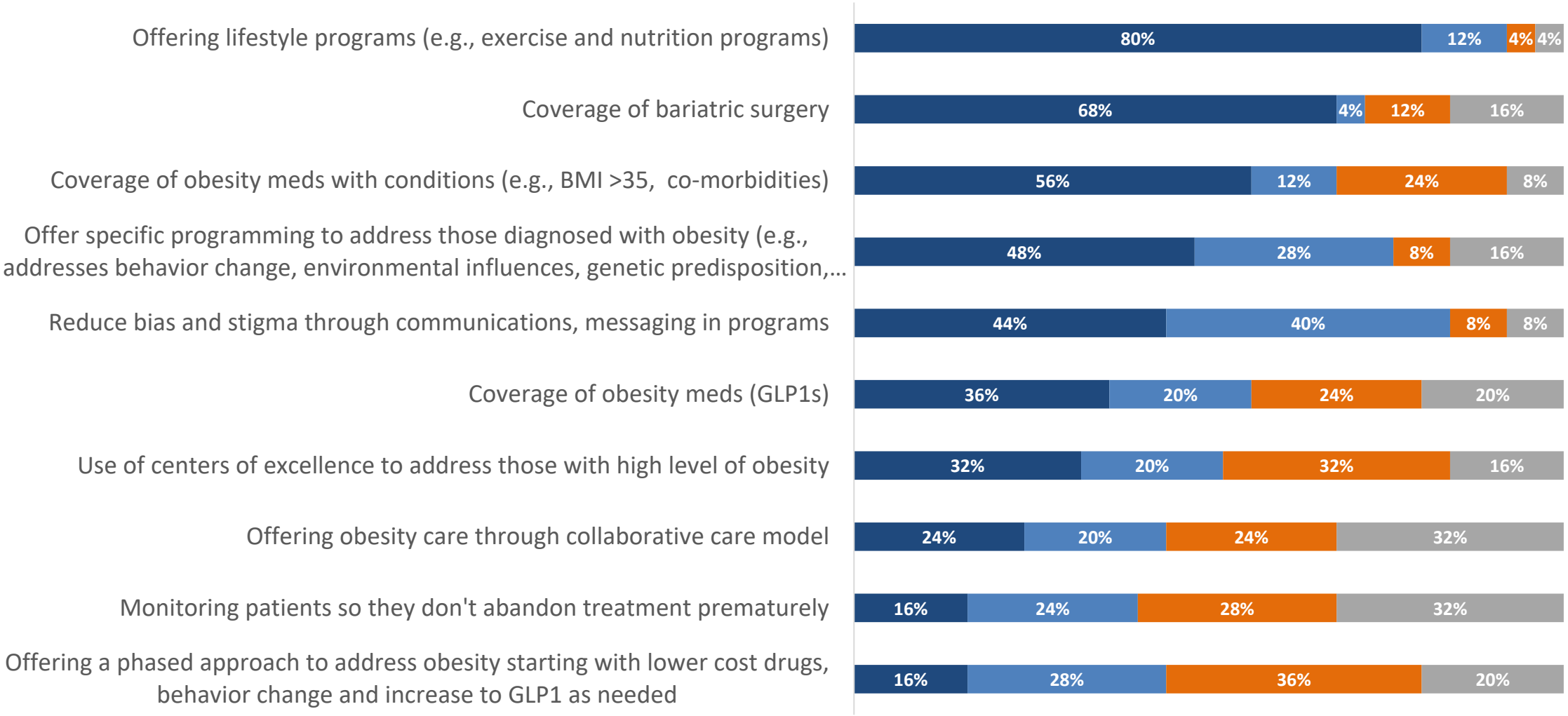
https://www.nationalalliancehealth.org/

Fall 2023 Pulse of the Purchaser

Obesity Management Strategies Employers are Currently Doing or Considering



National Obesity Advisory Council

- Alabama Business Group on Health
- Dallas Fort Worth Business Group on Health
- Employers' Advanced Cooperative on Healthcare
- Greater Philadelphia Coalition on Health
- Florida Alliance for Healthcare Value
- HealthcareTN
- Kansas Business Group on Health
- Kentuckiana Health Collaborative
- Lehigh Valley Business Coalition on Healthcare
- Mid-Atlantic Coalition on Health
- Midwest Business Group on Health
- Nevada Business Group on Health
- North Carolina Business Coalition on Health
- Rhode Island Business Group on Health
- St Louis Area Business Coalition on Health
- The Collective (Oklahoma)

Industry Experts

- Angela Fitch, MD, Obesity Medicine Association
- Dexter Shurney, MD, Blue Zones
- Scott Conard, MD, Medical Directors Advisory Council
- Diana Johnson, Rockefeller Foundation
- Rekha Kumar, MD, CMO, Found Health

Met August – December 2023 - *Key areas of discussion*

Current Obesity Treatments, Obesity Medication

- Angela Fitch, MD, President, Obesity Medicine Association

Medication-assisted therapy/ Food as Medicine

- Diana Johnson, Rockefeller Foundation

The Patient Journey in Obesity Treatment - What happens today, issues/challenges, approaches to improving patient engagement

- Rekha Kumar, MD, CMO, Found Health

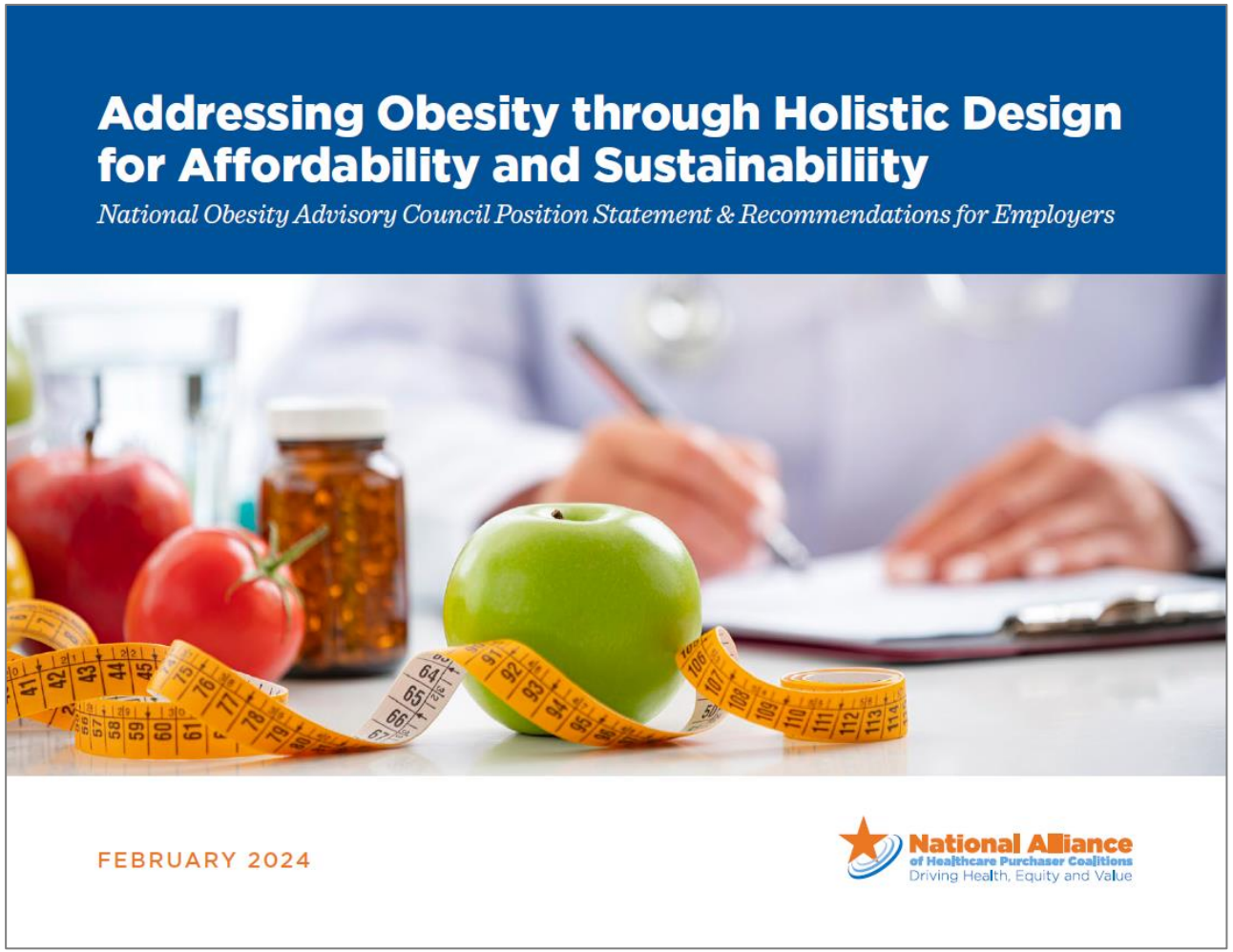
Key Deliverables

- Develop a position statement and a set of employer recommendations to effectively address obesity
- Develop communications that are shared across coalitions that support addressing obesity (e.g., new obesity science, medical management, obesity drug update)
- Identify key Coalition activities for 2024

National Obesity Advisory Council

February 2024

- Position Statement
- Employer Recommendations through 4 Pillars
  - Engage through Obesity Science
  - Design for Affordable, Equitable & Sustainable Impact
  - Personalize for Shared Decision Making & Shared Responsibility
  - Integrate into Culture of Health & Wellbeing
- Coverage Decisions for Anti-Obesity Medications



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Employer 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:

Pillar #1 - 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.

Pillar #2 - 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.

Employer Recommendations

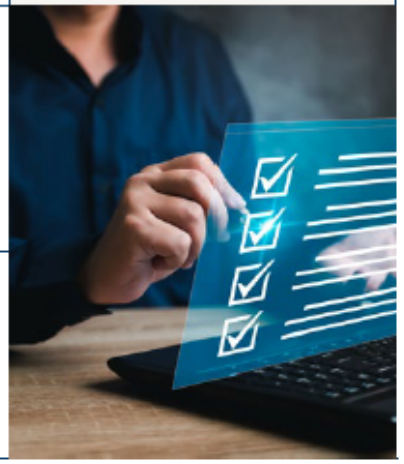
Pillar #3 - Personalize for Shared Decision Making & Shared Responsibility

- **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.

Pillar #4 - Integrate into 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
Cover it	▸ Employees are asking for it ▸ Fulfills the standard of care for obesity ▸ Encourages early intervention/prevention ▸ Enhances reputation as an employer of choice ▸ Acknowledges emerging clinical evidence that supports strong weight loss impact ▸ Ensures care options are consistent with those provided for the treatment of other chronic conditions ▸ Reduces costs associated with co-existing conditions and advanced disease	▸ May lead to inappropriate or ill-informed use ▸ May be cost-prohibitive ▸ Requires a lifetime commitment ▸ Results in monetary loss if a high percentage do not continue treatment ▸ Potential to be a "fad" if affordable—and inequitable if not affordable ▸ Not all people can tolerate AOMs; side effects and cautions require expanding other obesity program solutions	▸ Obesity is a key driver of health & productivity outcomes. ▸ Some AOMs are very expensive. ▸ Concern that AOMs must be taken for life; people gain weight back when the drug is stopped. ▸ Patient accountability and adherance ▸ AOM-induced weight loss can lead to malnutrition and muscle loss. ▸ Only a small percentage of physicians are obesity-trained. ▸ Unclear ROI for expensive treatment—what other values, besides ROI, should be considered?
Cover it with conditions ▸ Include those with BMI greater than 35 or a co-morbid condition (e.g., diabetes) ▸ Target to recommended weight loss (e.g., 20% of body weight within a set timeframe) ▸ Require enrollment in a complementary behavior change program ▸ Educate about side effects	▸ Targets those with the greatest need who are informed about tradeoffs and have demonstrated commitment ▸ Generics are readily available to begin medication-assisted treatment; people must qualify for GLP-1s ▸ May require enrollment in a behavior change program as complementary services (e.g., diet, exercise, lifestyle programs) ▸ Generic AOMs are not as expensive as branded AOMs	▸ "Requirements" may unintentionally encourage weight gain to meet eligibility standards ▸ Some medications are not tolerated well, resulting in program drop-outs and absorbed expense to the health plan ▸ Adds complexity to the continuing coverage of individuals currently in treatment (including those hired) or those who temporarily pause use of the medications	
Use centers of excellence ▸ Use specialized network or vendor ▸ Integrate into primary care ▸ Measure obesity care outcomes and physician performance	▸ Personalized approach by obesity specialists without setting arbitrary standards ▸ Effectively integrates whole person care	▸ Limited numbers of specialists in the field ▸ High variation in expertise and effectiveness of service providers in this area ▸ More apps and data sets to manage	
Don't cover it	▸ Insufficient data available ▸ Concern about side affects ▸ Cost for some AOMs is high and requires a lifetime commitment to maintain weight loss ▸ Unsure of total cost of care	▸ Non-responsive to emerging standard of care ▸ Inconsistent with handling of other chronic diseases ▸ Potentially non-competitive benefits	

Case Study: A Comprehensive Obesity Benefit

A Guide for Employers on the Core Components of Obesity Care

With Guidance From the American College of Occupational and Environmental Medicine (ACOEM)

Key Finding: Implementing a Comprehensive Obesity Benefit can help employers increase access to and utilization of comprehensive obesity care by employees

- STOP Obesity Alliance (SOA) found that the US fragmented healthcare system makes it difficult to know what type of care is available and how much it costs.
- They designed a comprehensive obesity benefit, which was informed by input from experts and key stakeholders, including representatives from large employers, healthcare plans, and payers, patients, and providers.
- The recommended benefit design:
    - is broadly consistent with current evidence-based treatment guidelines
    - can support clinically significant weight loss among people with obesity
    - provides guidance on the appropriate amount, scope, duration, and delivery of obesity-related benefit offerings

See five elements – next slide

Sources: Comprehensive Obesity Benefit as a Guide for Employers on the Core Components of Obesity Care: Guidance From the American College of Occupational and Environmental Medicine (ACOEM) Roundtable on Obesity

** STOP Obesity Alliance is located within the Milken Institute School of Public Health at George Washington University

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STOP Comprehensive Obesity Benefit

Five Elements

1. **Screening and Prevention**

   All adults should be screened annually for obesity, changes in weight status, and patient body weight concerns indicative of an eating disorder.

2. **Intensive Behavioral Therapy**

   Intensive Behavioral therapy for obesity must include cognitive, physical activity, and nutrition components.

3. **Pharmacotherapy Support**

   Benefits should cover all U.S. Food and Drug Administration-approved short- and long-term medications, prescribed with behavioral interventions.

4. **Bariatric Surgery**

   A primary bariatric procedure for persons with a BMI of 35 (or 30 with a weight-related comorbidity) should be covered. Primary bariatric procedures should include (but not be limited to): laparoscopic sleeve gastrectomy, Roux-en-Y gastric bypass, and Biliopancreatic diversion with duodenal switch. The plan should cover one revisional procedure to correct complications or when inadequate weight loss is achieved despite adherence to the prescribed postoperative treatment regimen.

5. **Weight Maintenance**

   Strategies to prevent and mitigate weight regain are integral to the success of the obesity care plan. Benefits should include monitoring, prevention, follow-up, and intervention for relapse.

Case Study: Obesity Care Coverage

An Example of Employer Readiness

- **Office of Personnel Management (OPM)** is the chief human resources agency and personnel policy manager for the federal government.
- Manages health insurance benefits for more than 8.2 million federal employees, retirees, and their families.
- More than 67 Federal Employee Health Benefit (FEHB) plans exist, with their annual premium value reaching $59.5 billion.
- Back In 2014, OPM first encouraged FEHB plans to cover obesity benefits with the belief that obesity was a lifestyle condition or that treatment for obesity was a cosmetic issue. Despite this guidance, a 2021 survey of the FEHB 2021 found that only three plans covered medications for weight loss.
- However, in 2023, OPM became more explicit in their guidance.
    - Stated that plan proposals for the 2023 plan year would be "reviewed for elements to reduce impacts of obesity in children and adolescents, access to anti-obesity medications, communication efforts, and billing and coding use and education of staff."
    - As part of the guidance, OPM states that FEHB "must have adequate coverage of FDA-approved anti-obesity medications on the formulary to meet patient needs and must include their exception process within their proposal."
- OPM comprehensive obesity Snapshot:
    - Preventive services
        - Behavioral counseling for healthy diet and physical activity for adults
        - Obesity screening for children and adolescents
    - Treatments
        - Multi-component behavioral interventions
        - Anti-obesity medications
        - Bariatric/metabolic surgery → sustained weight loss

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Sources: OPM & https://stop.publichealth.gwu.edu/LFD-apr22

Q & A

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