MBGH
Midwest Business Group on Health

Tackling Obesity in the Workplace:

Understanding the Challenges and Opportunities

Common thinking suggests obesity is a lifestyle choice involving a lack of will power and poor discipline. This is not true. **Obesity is recognized by the CDC, the AMA and the FDA as a multi-faceted chronic disease requiring long-term management.** It is a complex condition with genetic, physiological, psychological and environmental factors. ***Obesity is the most prevalent chronic condition in the United States today.***

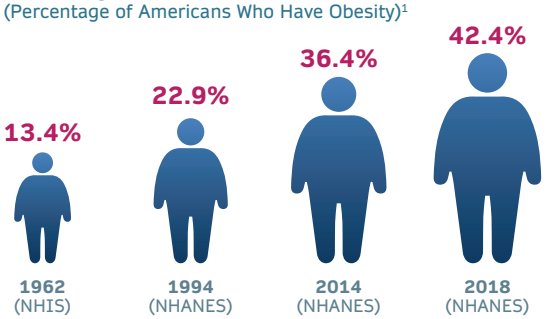
Second only to cigarette smoking, obesity is the leading cause of preventable death in the U.S. It rarely occurs independent of other chronic conditions, often called comorbidities, such as type 2 diabetes, high blood pressure, COPD, heart disease and stroke. There is also a strong correlation between obesity and musculoskeletal disorders like osteoarthritis, mental health issues such as depression and anxiety, and diminished quality of life.

The GOOD News

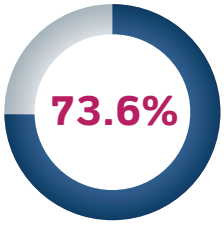
Weight loss as little as 5% of a person's total body weight can have a clinically meaningful impact on many obesity-related comorbidities and complications, leading to health care cost savings and improved health.

Majority of Americans are Overweight or Have Obesity

Percentage of American Adults with BMI>30
(Percentage of Americans Who Have Obesity)[1]



Percentage of Americans Over Age 20 Who Are Overweight or Have Obesity[2]



References: **1.** https://www.cdc.gov/nchs/about/factsheets/factsheet_nhanes.htm. **2.** https://www.cdc.gov/nchs/fastats/obesity-overweight.htm

In this Action Brief, "people-first" language is used in accordance with CDC recommendations. For example, "adults with obesity" and "individuals who are overweight or have obesity" are used rather than "obese adults" and "individuals who are overweight or are obese".

The Business Case

Obesity is the greatest contributor to the burden of chronic diseases in the U.S., accounting for 47% of the total cost of chronic diseases nationwide. It currently affects more than 31% of full-time employees and another 37% in the workforce are overweight. If this trend continues (and all indications point in this direction), 51% of the U.S. population will have obesity by 2030. Employees with obesity are disproportionately represented among high-cost claimants largely due to health care costs that are associated with managing multiple co-morbidities. These conditions can lead to a significant economic burden for employers over time.

Impact of Obesity on Employers

Direct Health Care Costs

46% increase in inpatient costs; 27% increase in outpatient costs; 80% increase in Rx costs (vs those of normal weight)

Lost Productivity Costs

Estimated impact beyond medical claims & health care utilization in U.S.; costs are a result of work loss related to absenteeism & presenteeism, disability & Workers' Compensation

Greatest Contributor of Chronic Diseases in U.S.

At least 60 comorbidities and 13 cancers are attributed to obesity accounting for 47% of total costs nationwide

References: **1.** https://www.cdc.gov/nchs/fastats/obesity-overweight.htm.
2-4. https://milkeninstitute.org/report/americas-obesity-crisis-health-and-economic-costs-excess-weight.

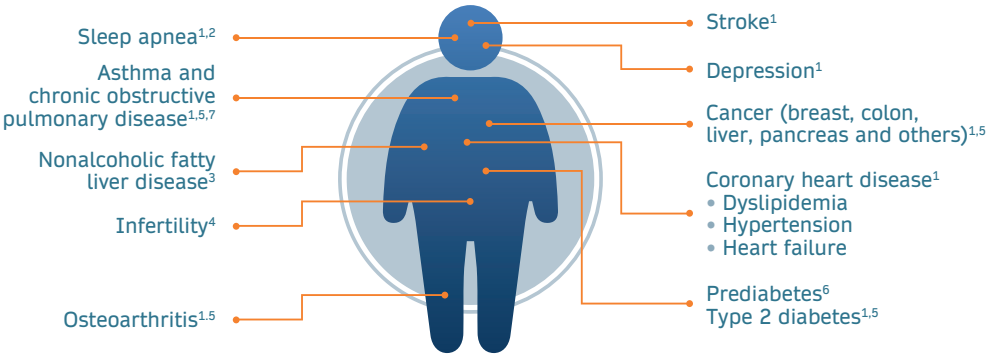
Determine the Cost of Obesity to Your Organization

Despite its high prevalence, obesity is frequently underdiagnosed, undertreated and underreported by health care providers as they often focus on other chronic-related conditions. There are at least 60 comorbidities associated with obesity.

Because chronic conditions are found in greater frequency among individuals who have obesity, they are frequently considered the drivers of health care costs - even though the root cause of these conditions may be obesity. This makes knowing the true cost of obesity to an organization challenging. Getting to a more accurate number requires looking at a variety of sources, including:

- Biometric screening data: Body mass index (BMI), waist circumference and health risk assessment data.
- Medical/pharmacy claims: ICD-10 codes associated with obesity *and* common comorbidities such as high cholesterol, type 2 diabetes, hypertension and osteoarthritis.
- Short-term disability, long-term disability and workers comp claims.

Chronic Diseases and Complications Impacted by Obesity



References: **1.** National Institutes of Health. *Obes Res*. 1998;6 Suppl 2:515-2095. **2.** LI C et al. *Prey Med*. 2010;51(1)1B-23. **3.** Church TS et al. *Gastroenterology*. 2006;130(7):2023-2030. **4.** Esmaellzadeh S et al. *Arch Med Sci*. 2013;9(3).499-505. **5.** Guh DP et al. *BMC Public Health*. 2009;9:88. **6.** Shalkh S et al. *Int J Diabetes Dev Ctries*. 2011;31:65-69. **7.** Liu Y et al. *Respir Med*. 2015; 109(7):851-859.

Barriers to Obesity Management

There are many reasons why employer-based obesity management efforts are often unsuccessful. First, common barriers faced by individuals with obesity go unaddressed. These can include a person's reluctance to seek help (often due to bias, stigma and embarrassment), inadequate dialogue, diagnosis and follow-up with health care providers, and the challenge of maintaining weight loss.

Many past efforts have included a one-size-fits-all approach. This can result in interventions that are minimally effective and prevent individuals from participating in programs, using available benefits and ultimately changing their behavior.

There is an opportunity for employers to embrace a new way of thinking that addresses these barriers while improving employee and member engagement. This starts with aligning obesity management efforts around the needs and interests of specific populations and using a personalized approach.

ICD-10 Codes for Common Comorbidities Associated with Obesity

Dyslipidemia

Classified to category E78 and includes

- Pure hypercholesterolemia: E78.0
- Pure hyperglyceridemia: E78.1
- Mixed hyperlipidemia: E78.2

Type 2 Diabetes

Classified to category E11 and includes type 2 diabetes with and without manifestations such as

- Neuropathies
- Circulatory complications
- Ophthalmic complications

Hypertension

Classified to category I10

Osteoarthritis

Classified to categories M16-M19

Reference: ICD-10-CM Tabular List of Diseases and Injuries. ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2021. Accessed January 15, 2021.

Benefit Plan & Program Offerings

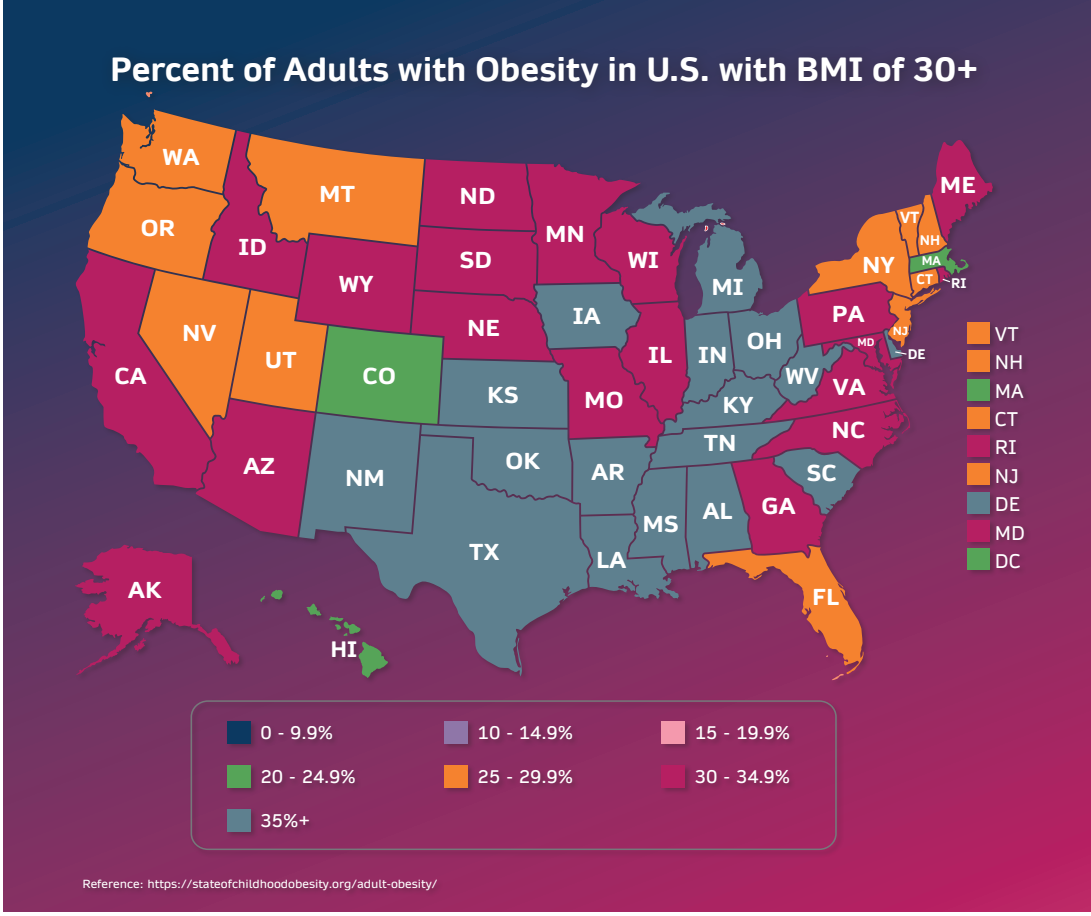
The workplace can contribute to the obesity problem, but it can also be part of the solution. The key to long-term success centers around obesity management approaches that are integrated, comprehensive, holistic and focused on the whole person. Offerings that support evidence-based interventions for lifestyle modification, disease management, anti-obesity medications and appropriate surgical interventions are critical for long-term success. The information below provides a stepped approach to obesity management.

Step 1: Lifestyle Modification

Programs that encompass nutrition, physical activity and behavioral health components are the foundation of most employer weight management efforts. They are traditionally offered through internal programs, point solution vendors, health plans and employee assistance programs (EAPs), and include activities such as coaching and educational programs, weight loss competitions, onsite fitness classes and walking clubs.

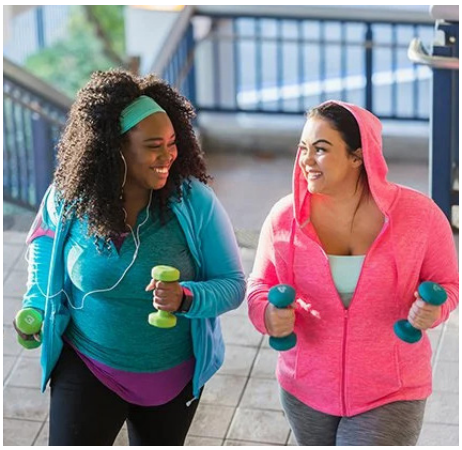
Step 2: Medications (Pharmacy Benefit) & Lifestyle Modification

Although lifestyle modification is the foundation of any weight loss intervention, it may not be sufficient to achieve sustained weight loss. For individuals who are overweight or have obesity and are not responding to lifestyle modification, medications can fill a critical need. The FDA has approved multiple anti-obesity medications (AOMs) giving providers and patients more options today. AOMs are not appropriate for everyone. Prescribing within this medication class is individualized and necessitates matching patient characteristics with the appropriate product.



AOMs can be used for short-term or chronic weight management for those meeting specific clinical guidelines and are recommended as an adjunct to lifestyle modification when an individual experiences:

1. Failure on lifestyle therapies to achieve desired weight loss
2. Weight re-gain after initial success on lifestyle therapies
3. Weight-related complications, especially if they are severe



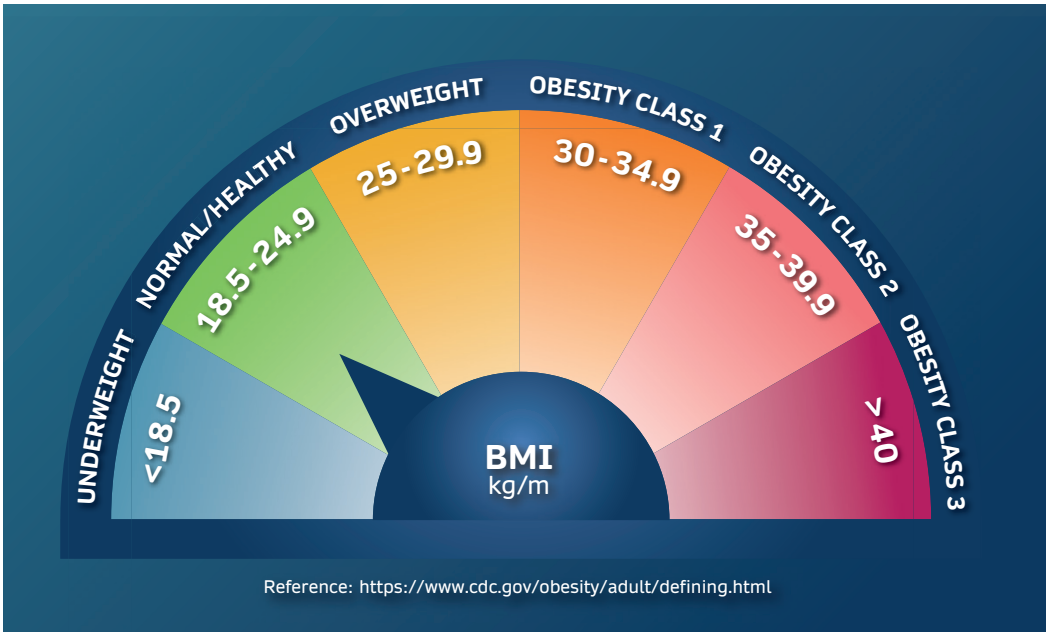
Who Should Be Considered for AOMs?

	BMI 25-26.9 kg/m²	BMI 27-29.9 kg/m²	BMI 30-34.9 kg/m²	BMI 35-39.9 kg/m²	BMI ≥40 kg/m²
Lifestyle Modification Weight Loss Impact = 3% to 5%	+	+	+	+	+
Pharmacotherapy/ Medications & Lifestyle Modification Weight Loss Impact = 5% to 15%		With co-morbidity	+	+	+
Bariatric Surgery Weight Loss Impact = 25% to 30%				With co-morbidity	+

References: BMI, body mass index.
Volkan et al. *Obes Facts* 2015;8:402-24.

Health care professionals often use BMI to determine who might benefit from weight-loss medications. Based on prescribing criteria, two categories of patients may be considered for AOMs:

- Those with a BMI of 30 or more
- Those with a BMI of 27 or more with weight-related comorbidities, such as high blood pressure and/or type 2 diabetes



Reference: https://www.cdc.gov/obesity/adult/defining.html

Step 3: Bariatric/Surgical Interventions (Medical Benefit)

Gastric band, gastric sleeve and gastric bypass involve making surgical changes to the digestive system to help individuals lose weight and may be indicated for those who have multiple comorbidities and/or a BMI greater than 35. While these interventions have benefits, they are major surgical procedures that are associated with potentially serious risks and side effects. Long-term success requires permanent changes to diet and exercise.

Other Medical Benefit Options include:

- Primary Care Physicians – As a chronic condition, obesity, like type 2 diabetes, hypertension, high cholesterol, can be managed in the primary care setting.
- Physician-led weight management centers – can offer holistic treatment through a multi-disciplinary approach and may include consultation from nutritionists, nurse practitioners and behavioral psychologists.
- Centers of Excellence (COEs) – typically available within health care institutions and can provide comprehensive weight management programs and bariatric surgery options, offering a high level of expertise focused on the best possible outcomes and fewer complications for patients.

"**Lack of coverage for treatments for weight loss**—including medical visits for overweight treatment, behavioral health intervention, anti-obesity medications and bariatric surgery—**is the single biggest obstacle** to dealing effectively with overweight and obesity at the employer level."[8]

"**Employers can play an important role** by changing their messaging, increasing access to treatments via benefit design, and exerting their leverage with the delivery system to align with evidence that **obesity needs to be treated as a medical disorder**."[8]

Louis J. Aronne, MD
Director, Comprehensive Weight Control Program at Weill Cornell Medicine
Chairman, American Board of Obesity Medicine

A July 2021 JAMA study on the Effectiveness of Combining Antiobesity Medication with an Employer Weight Management Program for Treatment of Obesity included the following key points:

Question: How does combining anti-obesity medication (AOM) therapy with an integrated medical weight management program (WMP) in an employer-based setting affect weight loss among adults with obesity?

Findings: In this randomized clinical trial that included 200 adults with obesity, participants randomly assigned to receive AOMs in addition to the WMP had significantly greater weight loss at 12 months (-8%) than participants randomly assigned to the WMP alone (-4%).

Meaning: In the real-world setting of an employer-based WMP, access to AOMs yielded clinically meaningful superior weight loss compared with no access to AOMs, which may inform employer decisions regarding AOM coverage and workplace WMPs.

Employers Control Their Benefit and Formulary Design

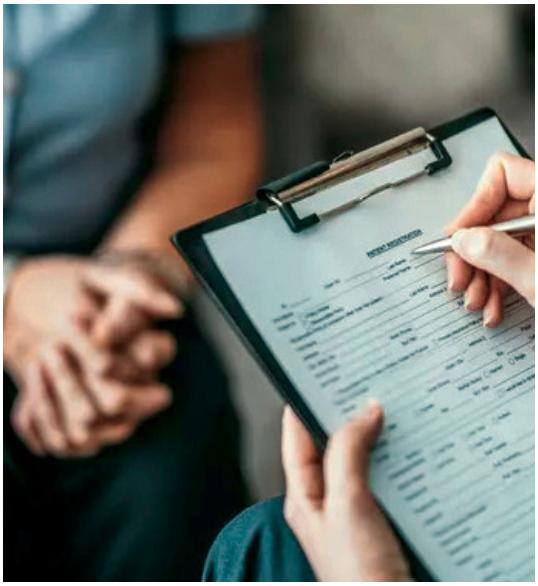
- Employers using either self-insured or fully-insured health plans have the power to control their benefit offerings and expand coverage to include AOMs.
- Each insurance model, as shown below, will take a separate path using different tools to achieve coverage goals for employees and their dependents.
- AOM options are evolving and employers should encourage their PBMs to inform them on up-to-date treatment options and provide information on comparative effectiveness for products.
- Patient costs for AOMs range from $11 to $1,300 per month. Not all AOMs are covered by insurance plans but manufacturer and pharmacy coupons are often used to offset patient costs. Currently, the FDA has approved five anti-obesity drugs for long-term use.

How to expand coverage for AOMs	Self-insured health plans	Fully-insured health plans
	Create AOM addendum	Create AOM rider
What employers need to know	• If AOMs are not included on a PBM's national formulary, an employer will be required to customize its benefit plan using an addendum • Addenda range from simple to complex depending on the health plan or PBM • All contracts are different. Employers should discuss their individual addendum process with their Employee Benefits Consultant/Broker or PBM to understand how to incorporate AOM coverage into their benefit design	• Employers must get approval to file a rider from a state insurance authorization agency • Each insurance company has its own unique regulatory process • Employers may implement a rider directly with their health plan or PBM, but this procedure is most successful with help from an Employee Benefits Consultant/Broker • Employers may need to wait until the following calendar year or the next open enrollment period to instate a rider unless the health plan allows for periodic formulary reviews
How Employee Benefits Consultant/ Broker can assist	• Self-insured plans may rely on Employee Benefits Consultant/Brokers to perform cost analyses, to determine pricing, and to design the addendum benefit	• Helping to define contract terms with the health plan or PBM • Validating actuarial cost analyses • Facilitating rebates

"It's vital that employers understand and address employee barriers to weight loss. Other priorities, such as caregiving, work stress or financial insecurity may limit individual engagement. Weight loss interventions will almost certainly attract more interest and engagement once those primary priorities have been addressed. Surveys, or better yet, focus groups can help to identify those priorities meriting employer attention. As employers, we need a toolbox with tactical approaches for obesity management that offers an integrated, comprehensive strategy to maximize the impact of available management options."

Bruce Sherman, MD

Medical Advisor, National Alliance of Healthcare Purchaser Coalitions and Professor, Dept. of Public Health Education, University of North Carolina, Greensboro



Employer Action Steps

Use this comprehensive Employer Action Checklist to gain key insights into developing your obesity management strategy. See key highlights below:

1. **Assess Your Population Needs:** focus on a holistic, whole-person approach; identify gaps in current program offerings; ask employees for feedback regarding the work environment and organizational practices.

2. **Use Your Data:** measure the prevalence of obesity in your population using data from multiple sources; gain an understanding of the differences in engagement and outcomes between different workforce subgroups; use data to plan your strategy.

3. **Strategic Planning & Benefit Design:** promote equitable access to evidence-based obesity management treatments; review approaches to offering incentives; take member interests and preferences into consideration; review options for performance-based contracting; track results using sound evaluation strategies.

4. **Implementation:** develop a robust communication strategy that includes frequent and creative messaging; review offerings on a regular basis and modify as needed; keep programs fresh and exciting.

5. **Work with Vendor Partners:** educate vendors on plan features; ensure cross referrals are made between point solution partners; maintain an adequate provider network including health professionals trained in managing obesity and related mental health issues; consider Centers of Excellence (COE) for bariatric surgical procedures.

6. **Review Formulary Restrictions** perform an opportunity assessment to determine whether the need exists for AOM coverage; remove financial barriers by selecting appropriate formulary tier placement; address plan exclusions; communicate AOM coverage to members; track effectiveness.

Employer Resources

MBGH's employer toolkit, Tackling Obesity in the Workplace: Understanding the Challenges & Opportunities, is a comprehensive roadmap to help employers more effectively manage obesity and related comorbidities, while identifing employer best practices and evidence-based, stepped approaches to supporting employees and members.

This Action Brief provides information to get you started – use the toolkit and links below for more information.

Employer Action Steps

Resources for Employers

MBGH

Midwest Business Group on Health

About MBGH

Midwest Business Group on Health (MBGH) is a 501c3 non-profit supporting employers seeking solutions to better manage the high cost of health care and the health and productivity of their covered populations. Founded in 1980, MBGH offers members leading educational programs, employer-directed research projects, purchasing opportunities and community-based activities that increase the value of health care services and the health benefits they offer to members. MBGH serves over 145 companies who provide benefits to over 4 million lives, with employer members spending more than $15 billion on health care each year.

mbgh.org

Thank you to our sister coalitions for supporting this important project!

- Florida Alliance for Healthcare Value
- Healthcare 21 Business Coalition
- Kentuckiana Health Collaborative
- Mid-America Coalition on Health Care
- Pittsburgh Business Group on Health

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