Addressing Obesity through a Multi-Stakeholder Approach

An overview of the National Alliance Matching Grant Program
Background

For the past few decades, employers have struggled to make a significant impact with obesity at their organizations. In fact, 85% of employers have wellness programs primarily focused on this issue and there is little to show for that effort. Now is the time for them to look at a fresh approach to make a true difference.

In 2017, the National Alliance received a grant to execute a number of activities under the umbrella of a “National Alliance Obesity Initiative.” The main objective of the Initiative was to change how employers and other healthcare stakeholders engage in the area of Obesity. The basic question we sought to answer was, “If obesity is a disease, why don’t we treat it like one?” For many, treating obesity as a disease was a new concept and therefore education both at the onset and during the grant process was very important.

To support this, the grant included three main activities. The first was to create and maintain a web-based online portal housed on the National Alliance website that provides member coalitions and employers up-to-date information on the emerging science of obesity and resources on a variety of national resources available. The second was to develop a Guidebook that served as a roadmap for National Alliance coalitions to engage local constituencies in better understanding obesity as a disease and identify the multiple players in their market that can more effectively tackle this challenge.

This report highlights the third activity, the development and execution of a “matching funds” program which provided funding for up to ten coalitions to implement a half-day forum that engaged multiple stakeholders (Purchasers, Plans, Physicians, Public Health, etc) in their market to create pathways forward that address barriers to treating obesity.
Grant Recipients

The National Alliance awarded matching grants to the following ten coalitions to develop multi-stakeholder programs:

Wichita Business Coalition on Health Care
Greater Philadelphia Business Coalition on Health
The New Mexico Coalition for Healthcare Value
St. Louis Area Business Health Coalition
Kentuckiana Health Collaborative

The Alliance – Madison, Wisconsin
South Carolina Business Coalition on Health
Houston Business Coalition on Health
Pittsburgh Business Group on Health
Employers Health, Ohio

These coalitions represented a broad variety in terms of geography, size, and membership. They met during the grant process between January and May to share learnings with one another, how their programs were coming together and discuss potential opportunities to move forward as a group.

Participation

Throughout the ten programs, over 354 companies attended with over 900 attendees. Example of attending employers include Boeing, Michelin, Ford Motor Company, Comcast, United Auto Workers, and municipalities, such as the City of Albuquerque Philadelphia and St. Louis. Examples of Plans included: BlueCross BlueShield SC, Aetna, Anthem, UnitedHealthcare and Express Scripts, Inc. Examples of Providers included: Presbyterian Health Plan and Healthcare Services, Baptist Health, St. Luke’s Hospital. National consultants such as Aon Hewitt, Mercer, Lockton, and Willis Towers Watson also attended meetings.
While the coalitions were operating under the multi-stakeholder format, they had freedom to emphasize different elements of Obesity management, according to their interests. Here are some examples:

• Understand the latest science around obesity and its mechanisms as a disease within the body
• Learn more about emerging clinical, pharmacological, and behavioral treatments for weight loss and management
• Recognize the impact of psychology, stigma, and dieting on individuals' weight loss journeys
• Identify obstacles to obesity treatment including public and physician bias, patient denial

Lessons Learned

The common learnings across the programs can be grouped in two broad categories; increased awareness and potential solutions. For many, learning that Obesity is a complex disease with no simple answer was a new concept. Others learned that a comprehensive approach to obesity was needed and should take into account other factors such as mental health. In addition, the need to address cultural and environmental factors was very important. Health plan coverage for anti-obesity drugs and non-surgical, endoscopic procedures is lacking across many of the coalition markets and affordability can be a huge barrier to effective treatment. There was also discussion about the outcomes of bariatric surgery for obesity treatment.

Along with these early learnings, some common solutions were also discussed, that included:

1. Coverage for pharmaceutical and non-surgical weight loss interventions
2. Educating providers on obesity as a disease in order to impact provider and patient reimbursement
3. Increasing use of ICD codes
4. Early intervention by pediatricians

Post-program evaluations indicated that attendees found high value from attendees. In fact, one of our Coalitions reported, “We had the strongest turnout of employers in our 12 years of hosting conferences.”
Coalition Planning for the Future

A number of coalitions are exploring additional, promising opportunities in their markets to take action on. For example:

1. The New Mexico Coalition on Healthcare has plans to develop a blueprint for Obesity for the State of New Mexico. They will determine an approach for the policy pieces for the legislative session and assess how they can connect this with their other CDC-NDPP grant in the Southeast part of the State.

2. The Greater Philadelphia Business Coalition on Health is planning to create a campaign to promote provider use of obesity ICD codes, and develop an employer guide that will focus on measuring the impact of obesity-related wellness programming.

3. The St. Louis Area Business Health Coalition (BHC) introduced their new “Diabetes Campaign” as a key priority for the 2018-2021 years. This project will include the creation of a multi-stakeholder workgroup to determine employer strategies to prevent, better manage, and even reverse diabetes in employee populations. In collaboration with the St. Louis MetroMarket and Operation Food Search, the BHC is working to increase employer access to worksite programs and resources for employee weight management and healthy eating.
As We Move Forward

The 2017-18 Obesity Initiative Matching Grant was essential to establish a baseline assessment of fundamental purchaser knowledge and acceptance of a broader agenda for more effectively treating and managing Obesity. This includes having employers approach it in a similar way as they do other chronic diseases such as diabetes and heart disease. As we build on that understanding, purchasers can better work with their healthcare partners and other relevant stakeholders to address barriers and identify more impactful solutions for their workforce.

To inform our agenda, we can utilize the experience and research from early adopters and other national obesity initiatives, such as STOP Alliance, to educate purchasers regarding the continuum of Obesity treatment, including behavioral, pharmacological, and surgical options. In particular, we can seek to demystify concerns about costs associated with pharmaco-therapy, by better understanding the sub-populations where it has been most successful and shaping recommendations of how to optimally cover pharmaco-therapy where value is most effectively realized.

Our activities will continue to look at ways we can collaborate with community stakeholders to address systemic bias in providers, purchasers, health plans, patients, and other stakeholders that negatively impacts effective treatment and prevention.

In the next several months as our collective agenda is better shaped, we will use multiple forums to educate on this agenda and share and socialize our learnings (e.g. Leadership Summit, Action Briefs).
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