HBCH
Houston Business Coalition on Health

HBCH Obesity Management Panel
Summary Points

- Focus needs to be on awareness of obesity as a complex disease process and not as a lifestyle choice condition
- Obesity is not currently being managed as a medical condition
- Obesity is often a co-morbid condition of depression and anxiety and one cannot address one without the other
- PCPs are not currently trained in obesity management and therefore are not engaged in its management in a meaningful way
- Obesity requires a coordinated care model of management
- PCPs are not currently coding ICD-10s for obesity and this is critical to its integrated management. This occurs for several possible reasons:
    - Levels of complexity of disease state tied to reimbursement (obesity not considered complex)
    - Cap by health plans of what can be paid for obesity management
    - The "health plan product" is directly related to lack of engagement and management by physician
    - Stigma by the patient results in the patient not addressing with their PCP
- Employers are not focused on the quality of care metrics for obesity by the health plan as they are for other diseases
    - There are 14 quality metrics for diabetes care that the health plan can select, one of which is obesity. Management of obesity is not used by most health plans as a quality metric.
    - Employers can insist that obesity quality metrics be part of the RFP
- Employers are too focused on point solutions, e.g. Limeade
- eValue8 obesity questions are a great start to begin the discussion with employers
- Employers are not aware of national guidelines for obesity management