Obesity Care Management (OCM)

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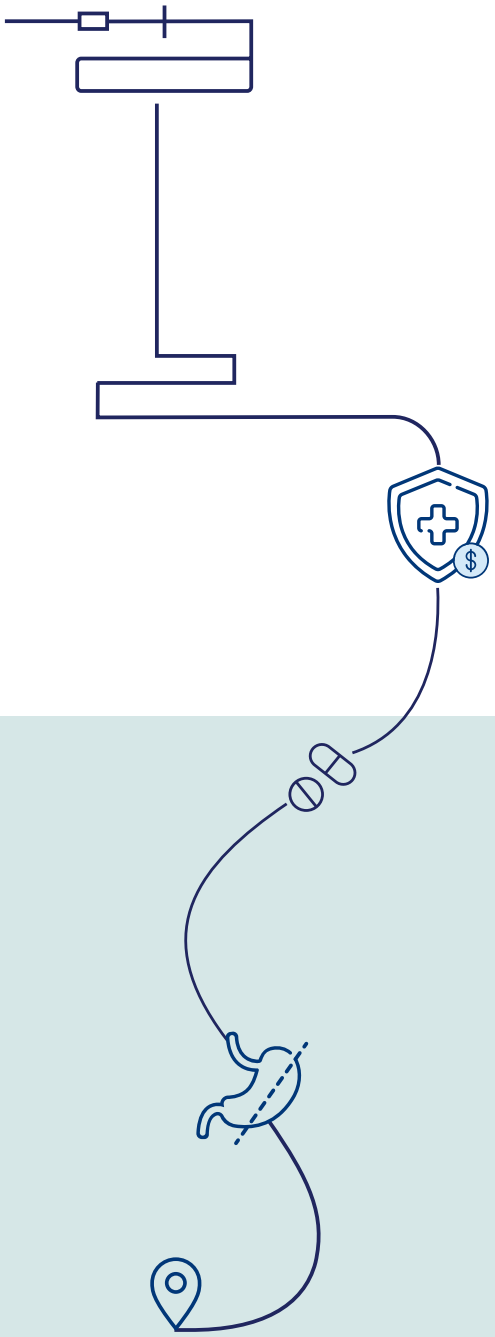
A Framework for Standardizing Obesity Care and Coverage Across Health Plans

OCM supports broader coverage of evidence-based obesity treatment and care, with the intention of providing patients greater access to a multidimensional weight management program in order to better combat the obesity epidemic in the United States.



Unmet Needs in the Care and Coverage of Obesity Treatment

Obesity is a complex, expensive disease that negatively impacts the lives of approximately 108 million adults (aged ≥18 years) in the United States and imposes an enormous burden on our healthcare system and the economy.[1,2] The need to confront the obesity epidemic calls for a serious look at how we address insurance coverage of obesity treatment. The present landscape of access to pharmacotherapy for obesity is inconsistent. Inadequate reimbursement for obesity-related counseling and anti-obesity medications (AOMs) can be a barrier to delivering appropriate care.[3]

Without guidance on how to operationalize evidence-based behavioral, nutritional, pharmacological, and surgical obesity treatment modalities as health benefits, healthcare plans have taken vastly different approaches in determining what and how obesity treatment services are covered for their members.[4,5] These unmet needs in obesity care and coverage led to the development of the OCM.

The OCM Benefit

As a first step toward standardizing obesity care across plans, the OCM benefit provides a foundation based on the core components of obesity care and defines the conditions under which these services and/or items ought to be covered. The OCM is consistent with current evidence-based treatment guidelines.[6,7] The proposed OCM objectives include

- Identifying evidence-based obesity treatment modalities that can support clinically significant weight loss among people with obesity
- Providing a framework for obesity-related coverage

The OCM consists of the following core services provided on an outpatient basis (unless otherwise specified):

- Diagnostic evaluations and assessments
- Treatment planning
- Individual and family therapeutic group and provider-based counseling and case-management services
- Referral services
- Medication management
- Surgical management
- Weight loss maintenance

OCM supports a range of evidence-based obesity care services provided by a multidisciplinary team of obesity care professionals.[7,8]

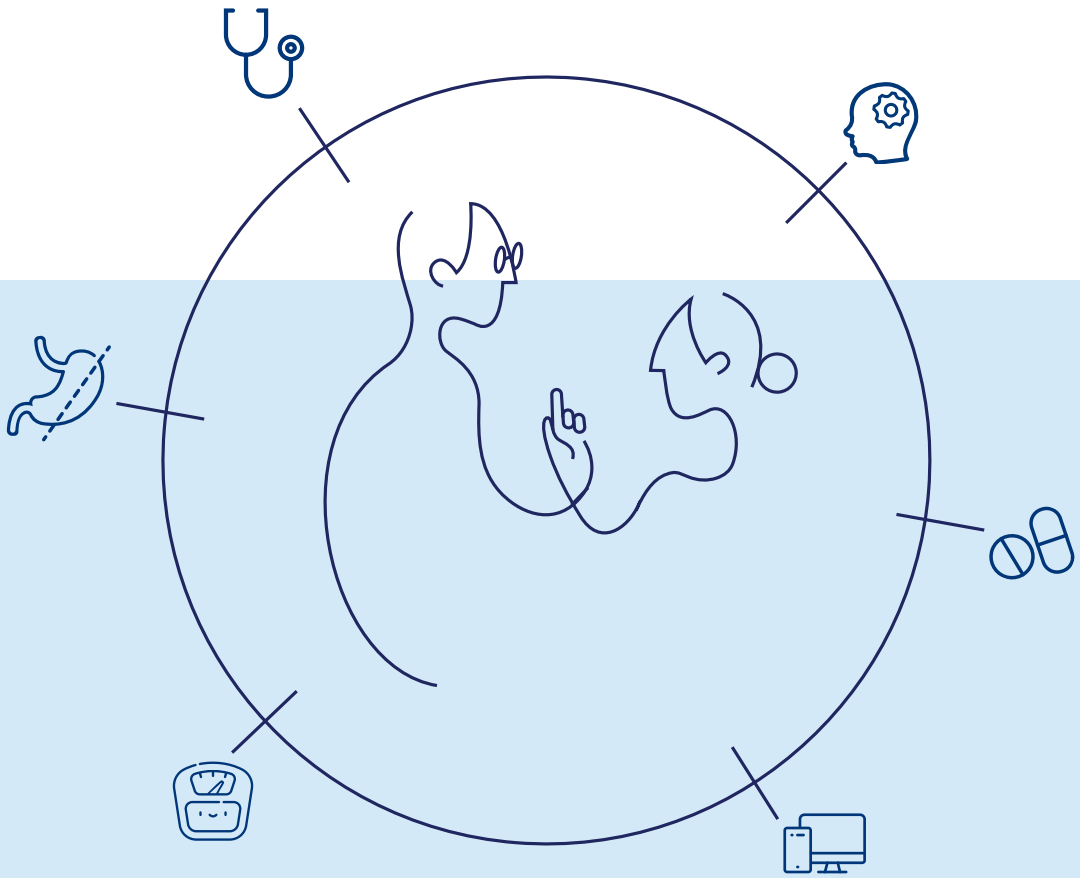
Overview of Providers and Coverage

Providers (primary care and specialists)

- Primary care physician (PCP)
- Nurse practitioner
- Physician's assistant
- American Board of Obesity Medicine–certified physician
- Registered dietitian
- Exercise therapist
- Bariatric surgeon
- Occupational therapist
- Psychologist
- Psychiatrist
- Physical therapist
- Pharmacist

Covered services

- Diagnostic classification
- Consultation
- Follow-up visits
- AOMs
- Bariatric surgery
- Nutritional/diet counseling
- Exercise and/or physical therapy
- Psychological and/or psychiatric care
- Occupational therapy



OCM Standardizes Obesity-Related Treatment Modalities as Health Benefits

To help improve obesity care, OCM standardizes coverage of obesity-related treatment modalities across health plans, including screening and prevention, comprehensive lifestyle therapy, pharmacotherapy support, bariatric surgery, weight maintenance, and telemedicine visits.

Obesity-Related Treatment Modalities Overview

Using all 6 treatment modalities is required.

Screening and Prevention

- Screen all adults annually for obesity[6,7]
- Screen patents with obesity for comorbidities[6]
- Offer or refer eligible patients to comprehensive lifestyle therapy[9]

Comprehensive Lifestyle Intervention

- Multicomponent behavioral interventions for adults with overweight (BMI ≥25 kg/m^2) with comorbidities or obesity (BMI ≥30 kg/m^2) that includes[6,7,9]
  - Behavioral therapy
  - Increased physical activity
  - Reduced-calorie diet

Pharmacotherapy Support

- Pharmacotherapy prescribed as an adjunct to lifestyle interventions in appropriate patients[6,7]
- FDA-approved, short- and long-term AOMs[10]
- Access consistent with FDA-approved indications[11]

Bariatric Surgery

- Covers 1 primary procedure
- Covers ≥1 revisional procedure (eg, to correct complications)
- Eligibility consistent with obesity treatment guidelines[6]

Weight Loss Maintenance

- Ongoing tracking and documentation of weight status[7]
- ≥2 visits per year (1 with PCP; 1 with dietitian)

Telemedicine Visits

- Covers certain health services, including diagnosis and treatment
- Referral from PCP not required
- Coverage for services delivered through a virtual visit network provider

BMI=body mass index; FDA=US Food and Drug Administration.

Screening and Prevention Care and Coverage

The OCM includes screening and prevention care and coverage as follows:

Screen all adults annually for overweight or obesity (document height, weight, waist circumference [WC]; calculate BMI) and patient body weight concerns that may be potentially indicative of an eating disorder.[6,7]

Adults should be screened for obesity-related complications based on BMI and WC, comorbidities, and severity (mild/moderate; severe).[6,7] Comorbidities include, but are not limited to[6]

- **Biomechanical:** Obstructive sleep apnea; asthma/reactive airway disease; osteoarthritis; urinary stress incontinence; gastroesophageal reflux disease
- **Cardiometabolic:** Prediabetes/metabolic syndrome; type 2 diabetes; dyslipidemia; hypertension; cardiovascular disease; nonalcoholic fatty liver disease; polycystic ovary syndrome; female infertility; male hypogonadism; depression

Offer or refer eligible patients to comprehensive lifestyle intervention (see Comprehensive Lifestyle Intervention section)

- Eligible patients include adults with obesity (BMI ≥30 kg/m^2) or BMI 25 kg/m^2 to 29.9 kg/m^2 with obesity-related risk factors[9,12]

Comprehensive Lifestyle Intervention Care and Coverage

The United States Preventive Services Task Force recommends intensive, multicomponent behavioral interventions for adults with overweight (BMI ≥25 kg/m^2) with comorbidities or obesity (BMI ≥30 kg/m^2).[9]

OCM supports covering comprehensive lifestyle therapy as outlined below and must include ALL 3 components[7]:

1. Behavioral therapy component

- Intervention using evidence-based educational and behavior-change techniques (eg, cognitive behavioral therapy, motivational interviewing) to facilitate behavioral change[6]
- Includes an initial assessment, ≤14 visits/year for weight loss over 6 months[6,7]
- Unlimited lifetime attempts/repeats for structured programs

2. Increased physical activity component (personalized for the patient)[6,7]

- Aerobic activity (150 min/week goal adapted for patient's capacity)
- Muscle strengthening

3. Reduced-calorie diet component:

- A program or dietary intervention that targets intrapersonal-level factors to assist with creating an energy deficit (~500 kcal/day to 750 kcal/day)[6,8,9]

There should be low or no out-of-pocket costs to actively engaged patients, regardless of weight loss.

Pharmacotherapy Support and Coverage

OCM covers PCP-led treatment plans and monitoring with FDA-approved, short- and long-term AOMs, prescribed as an adjunct to lifestyle interventions.[6,7,10]

Weight-centric prescribing is another important component of pharmacotherapy for obesity. For members with obesity, the plan should authorize coverage for an alternative medication that is not associated with weight gain when the standard formulary agent(s) used to treat a covered comorbid condition (eg, depression, allergies) is/are weight positive.[8,11]

OCM allows access to all AOM treatment options for patients with BMI ≥27 kg/m^2 with obesity-related comorbidity or a BMI ≥30 kg/m^2 [11]; members must continue in obesity treatment plan and meet weight-loss targets for continued coverage.

Bariatric Surgery Coverage

Primary procedure

For bariatric surgery, OCM supports coverage of 1 primary procedure when BMI is ≥40 kg/m^2 or ≥35 kg/m^2 with weight-related comorbidity or 30 kg/m^2 to 34.9 kg/m^2 with type 2 diabetes and inadequate glycemic control; a comprehensive pre/postoperative treatment plan is established; and the patient has no medical contraindications to the procedure.[13] Primary bariatric procedures include, but are not limited to, laparoscopic sleeve gastrectomy; Roux-en-Y gastric bypass; and biliopancreatic diversion with duodenal switch.[13] Procedures should be performed by an experienced surgeon who works as part of a multidisciplinary care team and in a designated bariatric Center of Excellence when feasible.

Revisional procedure

OCM supports coverage of 1 or more revisional procedures to correct complications or when inadequate weight loss is achieved despite patient adherence to the prescribed postoperative treatment regimen.[14]

If the health plan contracts with any clinic outside of beneficiary's locality, costs of travel and/or remote follow-up care should be reimbursed.

Role of AOMs post bariatric surgery

While bariatric surgery is an effective weight-loss treatment for people with obesity, patients may experience inadequate weight loss or weight regain over time.[15] Use of AOMs have been found as an effective tool for conferring additional weight loss and mitigating weight regain after bariatric surgery.[15,16]

Weight Loss Maintenance Strategies and Coverage

Strategies to prevent and mitigate weight regain are integral to the success of the obesity care plan.[7]

OCM supports coverage of weight maintenance through continued tracking and documentation of weight status (WC and BMI), weight change (percent change in body weight), and body weight concerns.[7,8] Weight maintenance coverage includes 2 visits per year minimum, 1 with a dietitian and 1 with a PCP. Participation in a long-term (≥1 year) comprehensive weight loss maintenance program with monthly or more frequent contact, in person or by telephone, can improve successful weight maintenance.

Maintenance of clinically significant weight loss constitutes sufficient medical benefit to warrant coverage for ongoing services/supports that should include continued access to pharmacologic and/or behavioral therapies as appropriate.[8]

Maintaining weight loss is a lifelong challenge and gradual weight regain is common.[7] OCM supports reinitiation or intensification of an obesity treatment plan when a patient begins to regain weight, presents with a new or worsening obesity complication, or requests intensification of treatment (as medically appropriate).[7,8]

Obesity healthcare providers should maintain data collection and outcomes monitoring for patients receiving AOMs inclusive of quality measurement focused on achievement and maintenance of a healthy weight.

Telemedicine Visits

Telemedicine visits allow for the communication of medical information in real time between the patient and a distant obesity care provider, behavioral health clinician, or healthcare specialist.[17,18]

The OCM covers telemedicine visits for certain health services, including the diagnosis and treatment of obesity for covered participants. A referral from a PCP is not required for telemedicine visits and they should not be used in place of regular visits to a PCP.

A scheduled telemedicine visit with an obesity care provider applies the same copay as an outpatient visit at your network obesity care provider's office.[19] Benefits are available only when services are delivered through a virtual visit network provider.

The Future of Obesity Care Coverage

Currently, the obesity care coverage landscape is made up of healthcare plans that take vastly different approaches in determining what and how obesity treatment services are covered. This leaves members and providers with inadequate access to obesity-related services. OCM represents the first approach that we know of to confront the obesity epidemic by standardizing coverage of obesity-related treatment modalities across health plans. By supporting broader coverage of evidence-based obesity treatment and care, OCM can help improve access to a range of interventions, including diet, exercise, behavioral therapy, AOMs, and bariatric surgery.

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