



Reducing Barriers to Treatment: Insurance Coverage

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Disclosures

- Professional fees

- Gelesis
- Johnson & Johnson
- Novo Nordisk
- Nutrisystem

- Personal biases that favor:

- Evidence-based interventions, both prevention and treatment
- Respect for people living with obesity
- Critical thinking about all evidence



Objectives



- Review the many barriers that contribute to poor coverage for obesity care
- Discuss the harm that comes from that
- Describe progress toward better access to care
- Identify ways to accelerate that progress

Coverage Is Poor



Saving Cash, photograph by 401(K) 2012 / flickr

- Routine policy exclusions for obesity
“Regardless of any potential health benefit”
- Lifetime procedure caps
- High out of pocket costs
- Problematic reimbursement rates and procedures
- But obesity complications are fully covered

Obesity Care Mostly Serves Wealth and White Women



Obesity Treatment (CM Apovian, Section Editor) | [Published: 03 April 2018](#)

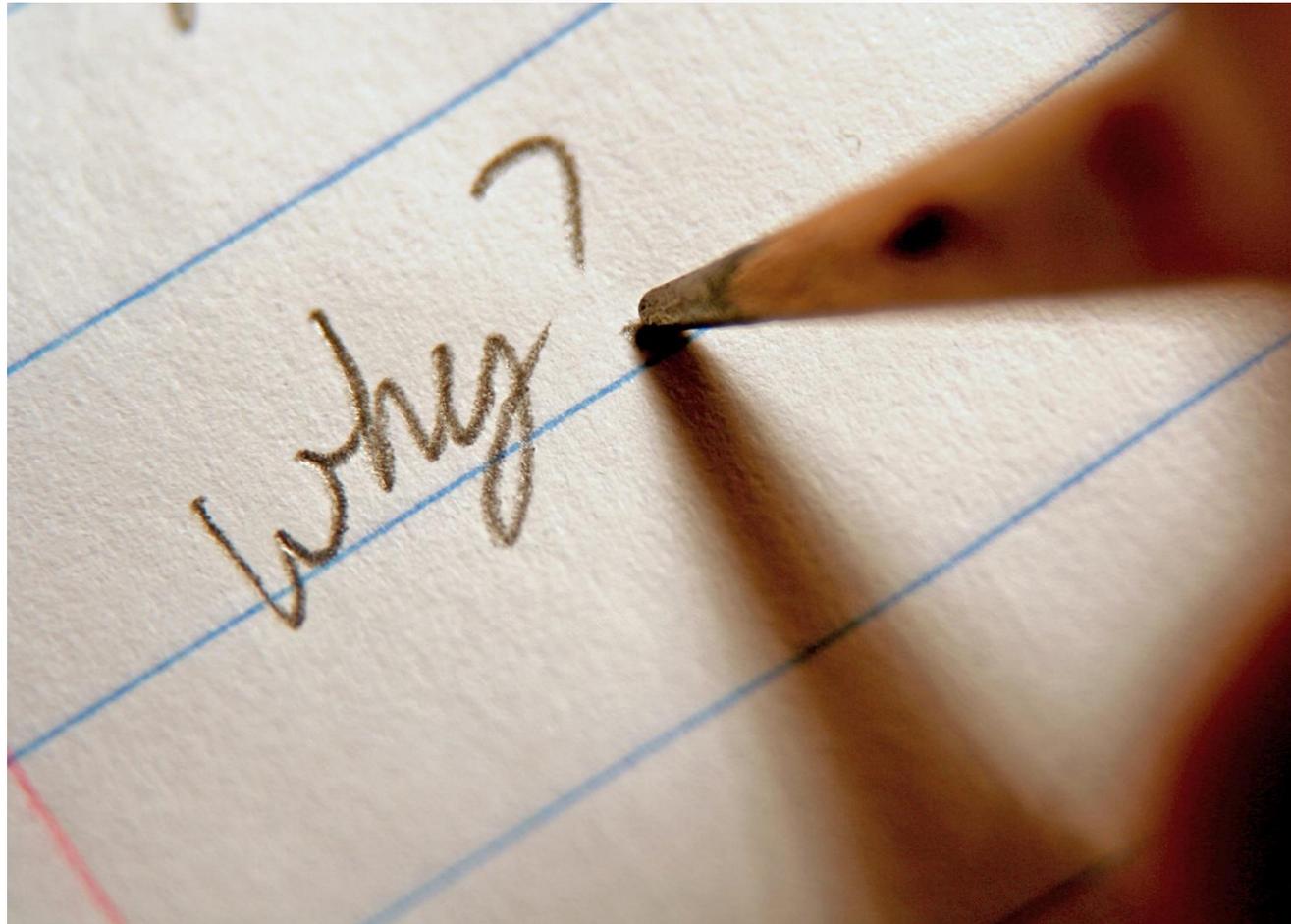
Racial Disparities in Obesity Treatment

[Angel S. Byrd](#), [Alexander T. Toth](#) & [Fatima Cody Stanford](#) 

[Current Obesity Reports](#) **7**, 130–138 (2018) | [Cite this article](#)

2861 Accesses | **88** Citations | **63** Altmetric | [Metrics](#)

Why Is This So?



A Long History of Misunderstanding Obesity

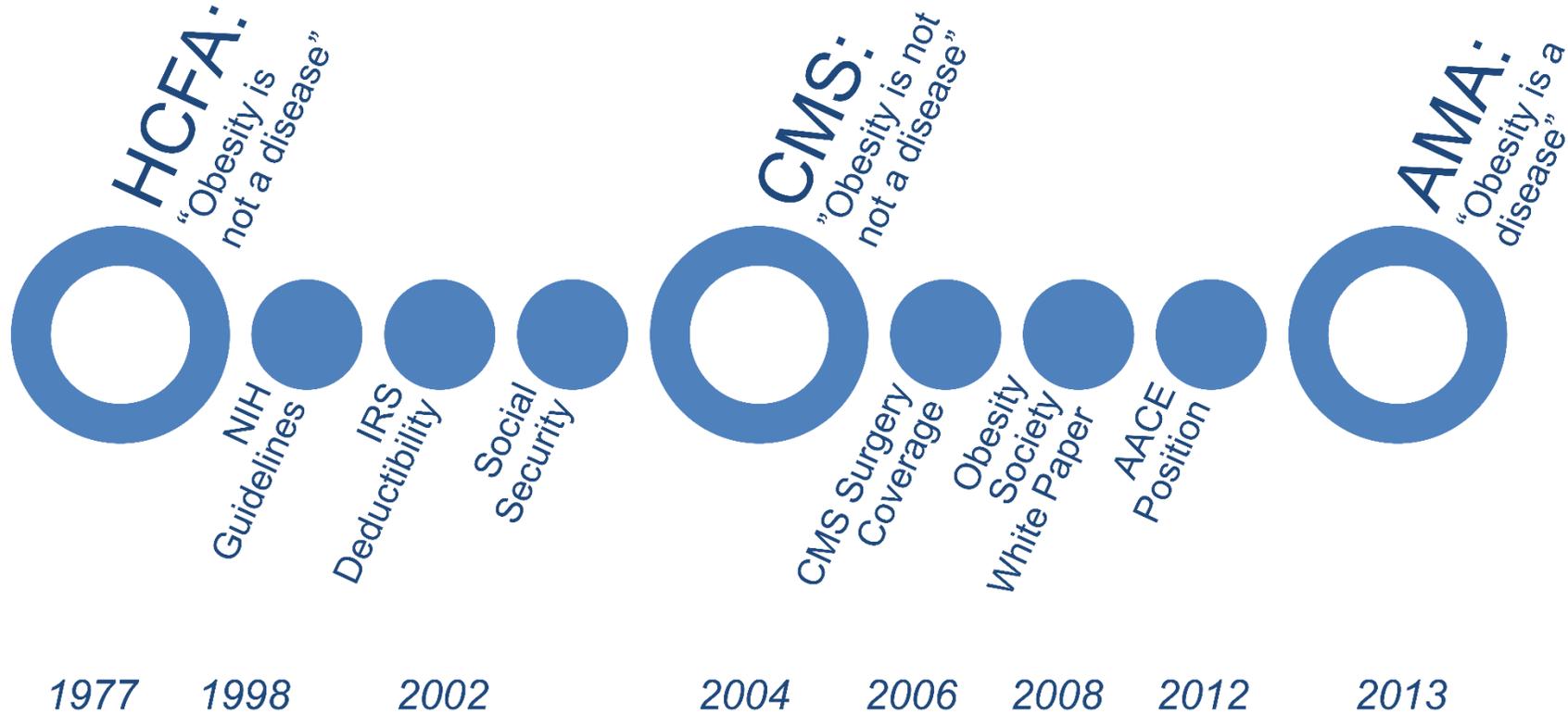


[History, painting by Edvard Munch/WikiArt](#)

Long Regarded as a Lifestyle or Cosmetic Issue



Milestones in Regarding Obesity as a Disease



Persistent Bias Flows from Flawed Ideas



*"Let's confront the **elephant** in the room. Healthcare policy should promote personal **responsibility**, rather than encourage free riders. In America we are free to **overeate** and **under-exercise** but we have **no right** to make **innocent bystanders pay** for the consequences."*

– Marilyn M. Singleton, MD, JD
Past President, Association of American Physicians and Surgeons
Jan 11, 2020

Bias Favors Simplistic Policy Solutions



Misunderstanding Assures Low Utilization



Original Article
CLINICAL TRIALS AND INVESTIGATIONS

Obesity

Perceptions of Barriers to Effective Obesity Care: Results from the National ACTION Study

Lee M. Kaplan ¹, Angela Golden ², Kimberly Jinnett³, Ronette L. Kolotkin⁴, Theodore K. Kyle⁵, Michelle Look⁶, Joseph Nadglowski⁷, Patrick M. O'Neil ⁸, Thomas Parry³, Kenneth J. Tomaszewski⁹, Boris Stevenin¹⁰, Søren Kruse Lilleøre¹¹, and Nikhil V. Dhurandhar¹²

Objective: ACTION (Awareness, Care, and Treatment in Obesity maNagement) examined obesity-related perceptions, attitudes, and behaviors among people with obesity (PwO), health care providers (HCPs), and employer representatives (ERs).

Methods: A total of 3,008 adult PwO (BMI \geq 30 by self-reported height and weight), 606 HCPs, and 153 ERs completed surveys in a cross-sectional design.

Results: Despite several weight loss (WL) attempts, only 23% of PwO reported 10% WL during the previous 3 years. Many PwO (65%) recognized obesity as a disease, but only 54% worried their weight may affect future health. Most PwO (82%) felt “completely” responsible for WL; 72% of HCPs felt responsible for contributing to WL efforts; few ERs (18%) felt even partially responsible. Only 50% of PwO saw themselves as “obese,” and 55% reported receiving a formal diagnosis of obesity. Despite HCPs’ reported comfort with weight-related conversations, time constraints deprioritized these efforts. Only 24% of PwO had a scheduled follow-up to initial weight-related conversations. Few PwO (17%) perceived employer-sponsored wellness offerings as helpful in supporting WL.

Conclusions: Although generally perceived as a disease, obesity is not commonly treated as such. Divergence in perceptions and attitudes potentially hinders better management. This study highlights inconsistent understanding of the impact of obesity and need for both self-directed and medical management.

Bias Helps to Rationalize Denial of Care



[Cold Money, photograph by Theo Crazzolara / flickr](#)

Systems for Care Are Broken



Racism and Health



Racism is a Serious Threat to the Public's Health

GRACE BROWNE SCIENCE OCT 13, 2022 7:00 AM

Big Pharma Says Drug Prices Reflect R&D Cost. Researchers Call BS

A new study finds no correlation between research and development spending and outlandish drug prices.

STAT

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FIRST OPINION

PBMs are inflating the cost of generic drugs. They must be reined in

By Erin E. Trish, Karen Van Nuys and Robert Popovian June 30, 2022

the pharma letter
* Up to date news for the Pharmaceutical and Biotechnology Industries

Pricing watchdog judges Wegovy too pricey in the USA

21-10-2022

ICER
INSTITUTE FOR CLINICAL AND ECONOMIC REVIEW

Boston, Massachusetts-based non-profit The Institute for Clinical and Economic Review (ICER) has issued its [final report](#) into the cost-effectiveness of the latest generation of weight loss treatments.



Obesity Care Is Fragmented & Haphazard

“Your coverage does not include benefits for care of obesity or services related to weight loss or dietary control, except as outlined in the Wellness and Preventive Care section. This includes weight reduction therapies/activities, even if there is a related Medical problem. Treatment for morbid obesity is covered as set forth in the Professional Services section.”





But Things Are Changing

“This report illustrates the urgent need for making obesity prevention and treatment accessible to all Americans in every state and every community.

“When we provide stigma-free support to adults living with obesity, we can help save lives and reduce severe outcomes of disease.”

– CDC Statement 27 Sep 2022

Patient Voices Gaining Traction



The New York Times

Account ▾

The Doctor Prescribed an Obesity Drug. Her Insurer Called It 'Vanity.'

Many insurance companies refuse to cover new weight loss drugs that their doctors deem medically necessary.



By [Gina Kolata](#)

May 31, 2022





Despite Pricing Issues, ICER Speaks Up for Access to Obesity Meds

“The vast majority of people with obesity cannot achieve sustained weight loss through diet and exercise alone. As such, obesity, and its resulting physical health, mental health, and social burdens is not a choice or failing, but a medical condition. The development of safe and effective medications for the treatment of obesity has long been a goal of medical research that now appears to be coming to fruition. With a condition affecting more than 40% of adults in the US, **the focus should be on assuring that these medications** are priced in alignment with their benefits so that they **are accessible and affordable** across US society.”

– ICER’s Chief Medical Officer, David Rind, MD

OPM Setting a New Standard of Full Access to Care for Federal Employees



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Federal Health Plans Step Up Coverage of Obesity Treatment 🕒 April 29, 2022

“Obesity is a medical condition that requires medical intervention along with lifestyle and behavior change for optimal outcome.”

– U.S. Office of Personnel Management
March, 2022

“We have never been closer to seeing such a large workforce gain access to this level of comprehensive care.”

– William Dietz in *Health Affairs*, August 2022
doi: 10.1377/forefront.20220817.855384

Glimmers of Hope for Passing TROA



- Ten years of effort to set a new benchmark with Medicare
- Coverage for intensive behavior and meds
- Now getting priority for a CBO score



Yes, We Can Deliver Progress

- Advancing and translating science
- Advocating for effective treatment and prevention
- Elevating the voices of lived experience



[War Production poster by J. Howard Miller](#)