



MASSACHUSETTS  
GENERAL HOSPITAL

WEIGHT CENTER

# Obesity: Addressing a National Crisis with Access to Care

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HARVARD  
MEDICAL SCHOOL

**MCAO**  
*MA Coalition for Action on Obesity*



**30%**

The percent of annual healthcare costs people with obesity spent treating obesity-related conditions.



**\$480 Billion**

Estimated cost of annual obesity-related healthcare



**230**

Number of diseases and disorders linked to obesity.



**Nearly 50%**

Estimated percentage of older adults affected by obesity in 2030 if no change is made today.

# Obesity

is a chronic treatable multifactorial disease

## ▶ Obesity Definition

- ▶ a disease in which excess body fat has accumulated to a level that may have an adverse effect on health.
- ▶ Class 1. BMI 30-34.9
- ▶ Class 2. BMI 35-39.9
- ▶ Class 3. BMI  $\geq 40$

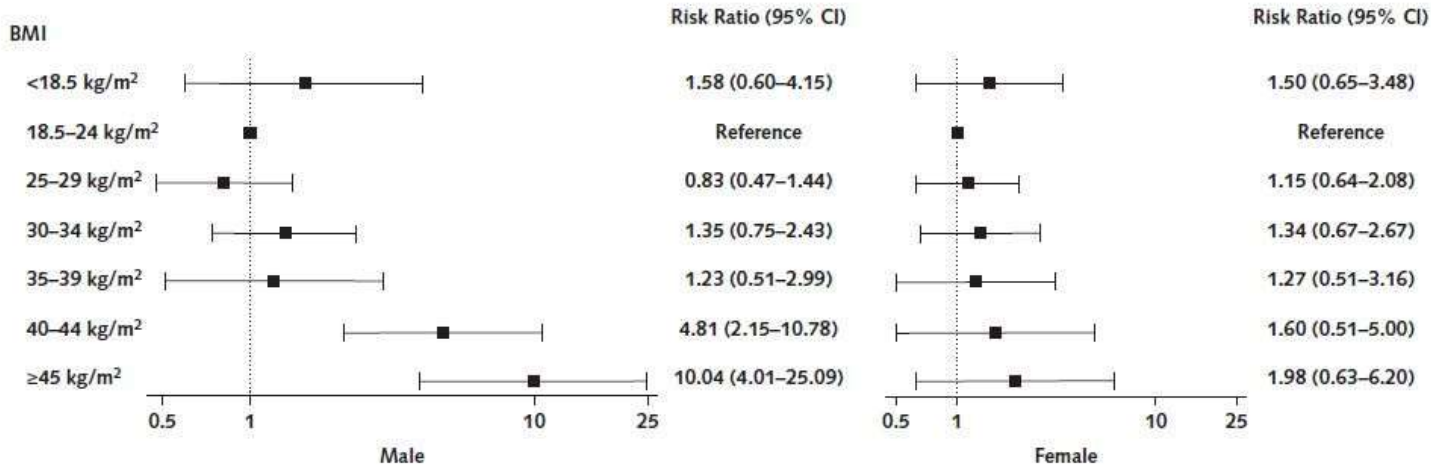
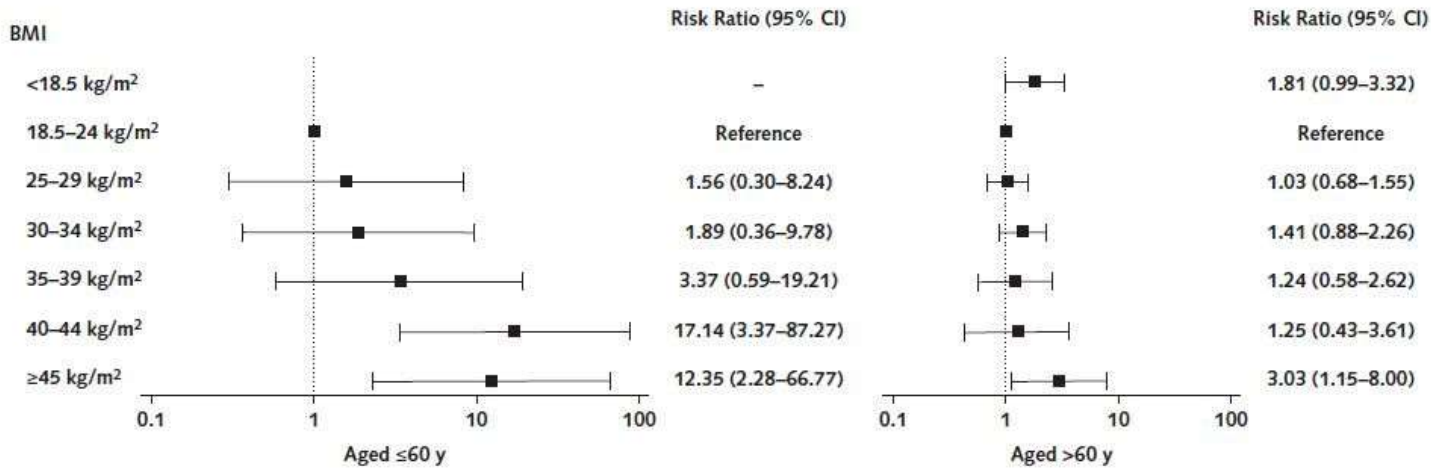


© World Obesity Federation

# Why treat obesity?



# Risk of death from COVID-19



Original Research | 12 August 2020

## Obesity and Mortality Among Patients Diagnosed With COVID-19: Results From an Integrated Health Care Organization FREE

Sara Y. Tartof, PhD, MPH, Lei Qian, PhD, MS, Vennis Hong, MPH, Rong Wei, MA, ... [View all authors](#)

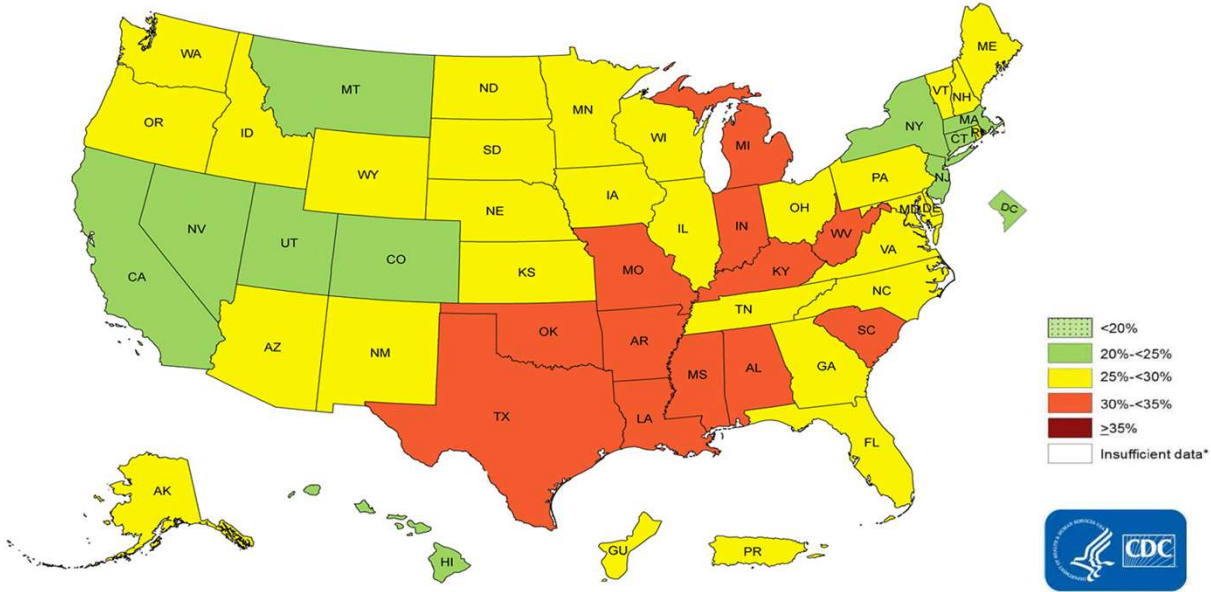
Annals of Internal Medicine

# State of Obesity

## Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS

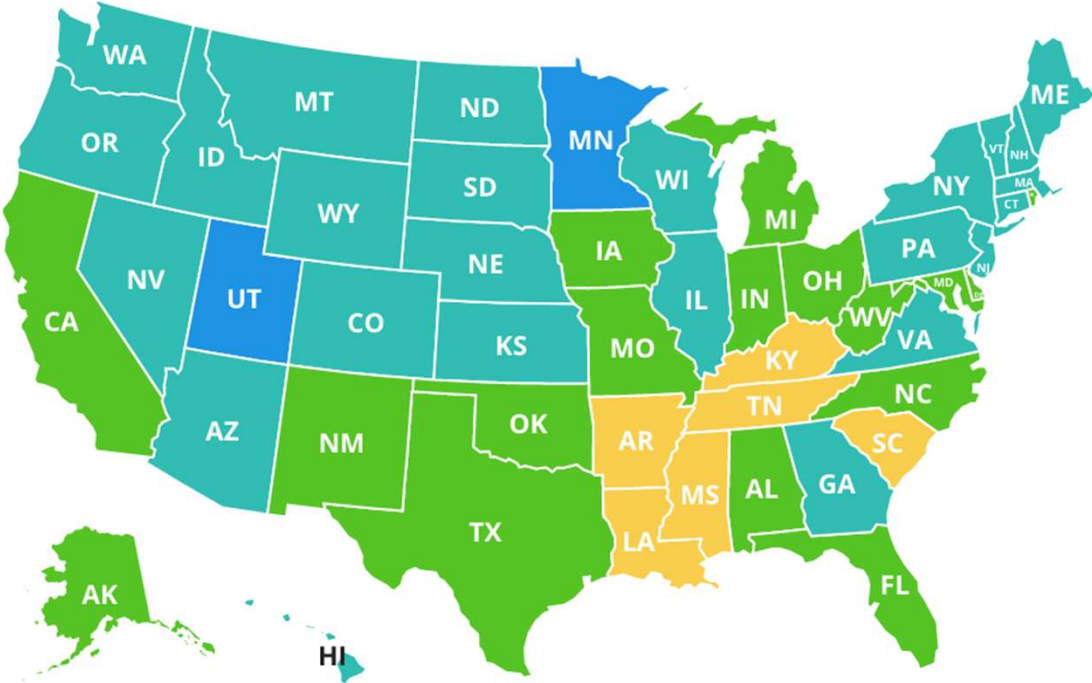
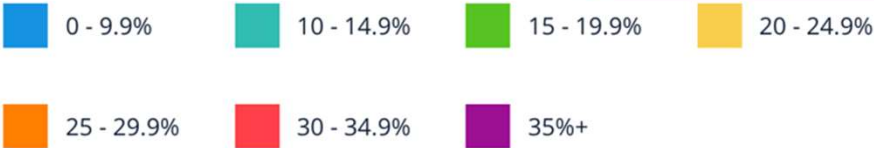
†Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

2011 2012 2013 2014 2015 2016 2017 2018 2019



\*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.

# Pediatric Obesity Ages 10-17

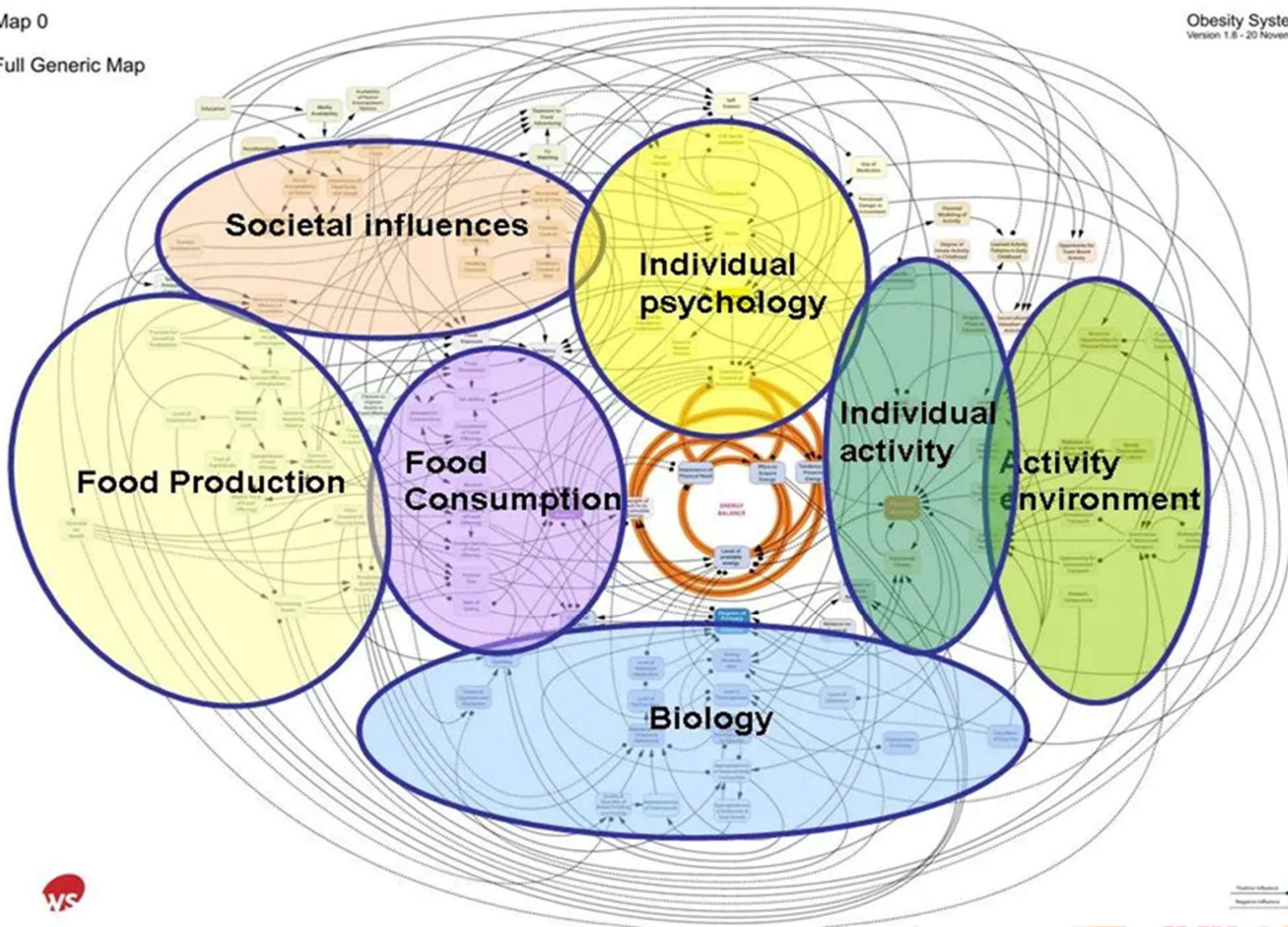


- VT
- NH
- MA
- CT
- RI
- NJ
- DE
- MD
- DC

Map 0

Full Generic Map

Obesity System Map  
Version 1.8 - 20 November 2006

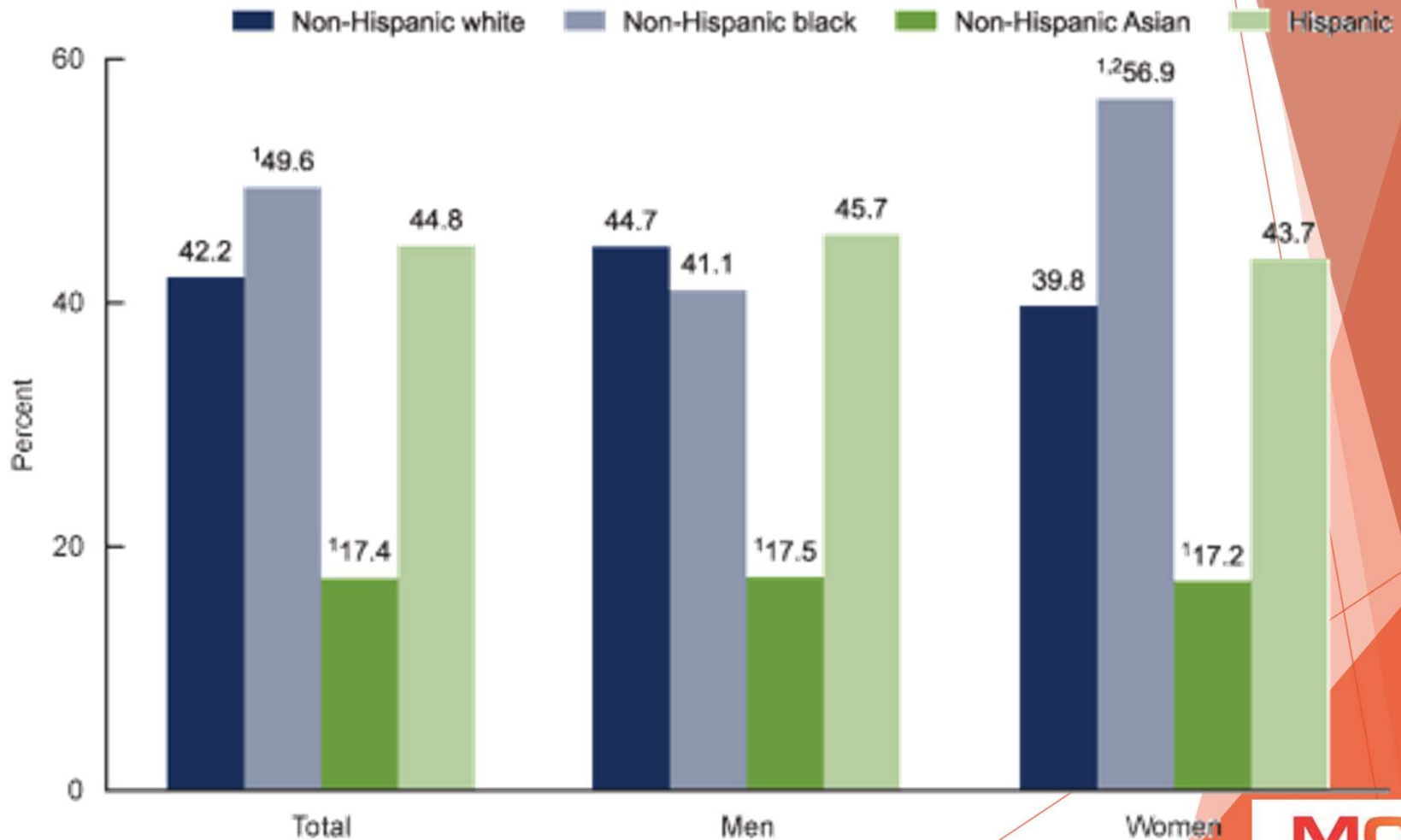


<https://obesitycanada.ca/snp/its-complicated-systems-science-and-obesity/>





# US Obesity Rates 2018

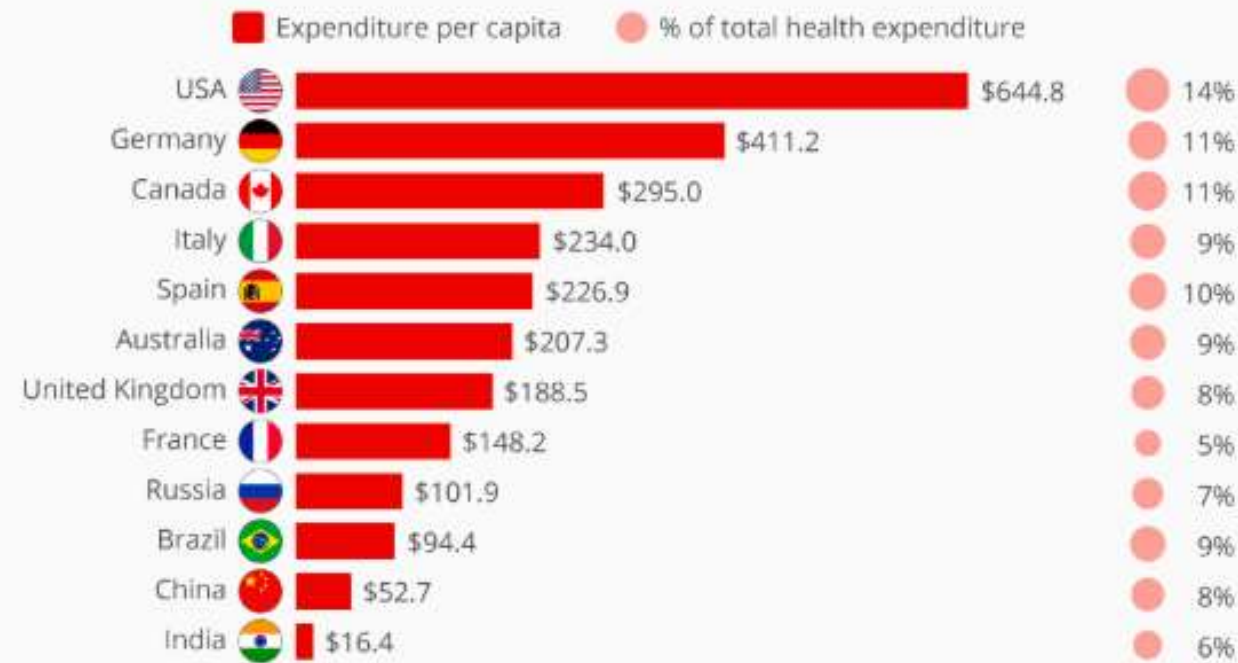


SOURCE: NCHS, National Health and Nutrition Examination Survey, 2017-2018.

# Disease of obesity is costly!

## Where Obesity Places The Biggest Burden On Healthcare

Average annual health expenditure per capita due to obesity from 2020-2050\*



\* U.S. dollars - purchasing power parity.

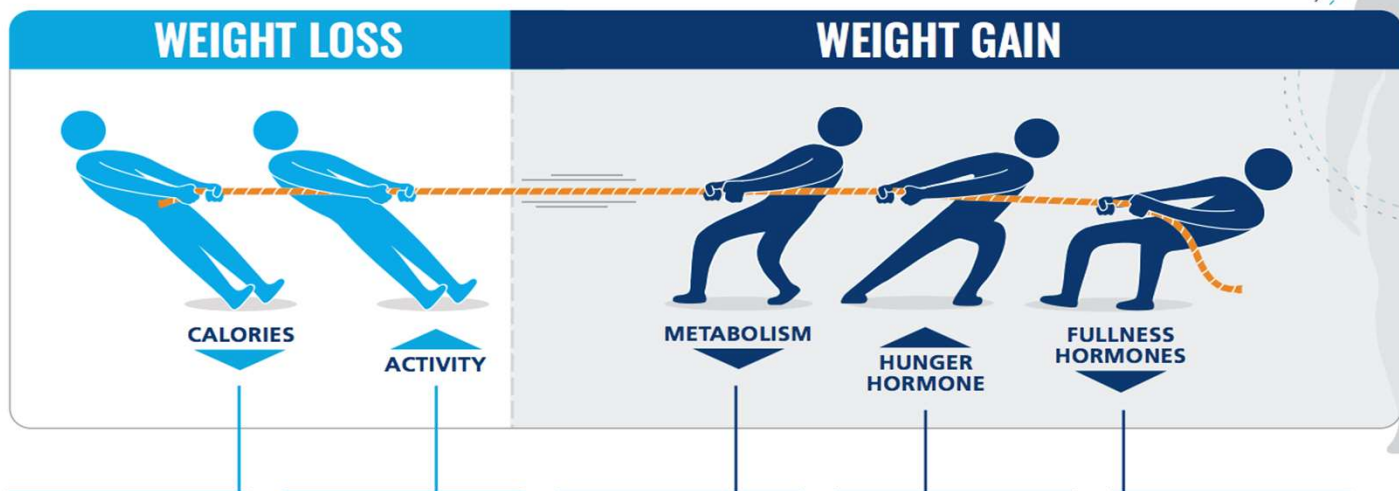
Source: OECD

statista

- ▶ 2/3 of diabetes cost
- ▶ 1/4 of cardiovascular spending
- ▶ 9% of all cancer care

# Weight loss is abnormal!

## The "Tug-of-War" of Weight Management



### Decreased Calories

People may see results when they limit calories, by reducing the size of meals, for example.

### Increased Activity

And find ways to increase physical activity, like taking regular walks around the block. But the body reacts to weight loss by trying to regain weight.

### Slower Metabolism

Metabolism (burning calories) slows down and gets more efficient, requiring fewer calories to do its job.

### Increased Hunger Hormone

Hormonal signals can also change. The body increases a hunger hormone, called the ghrelin hormone, which tries to get you to eat more calories.

### Decreased Fullness Hormones

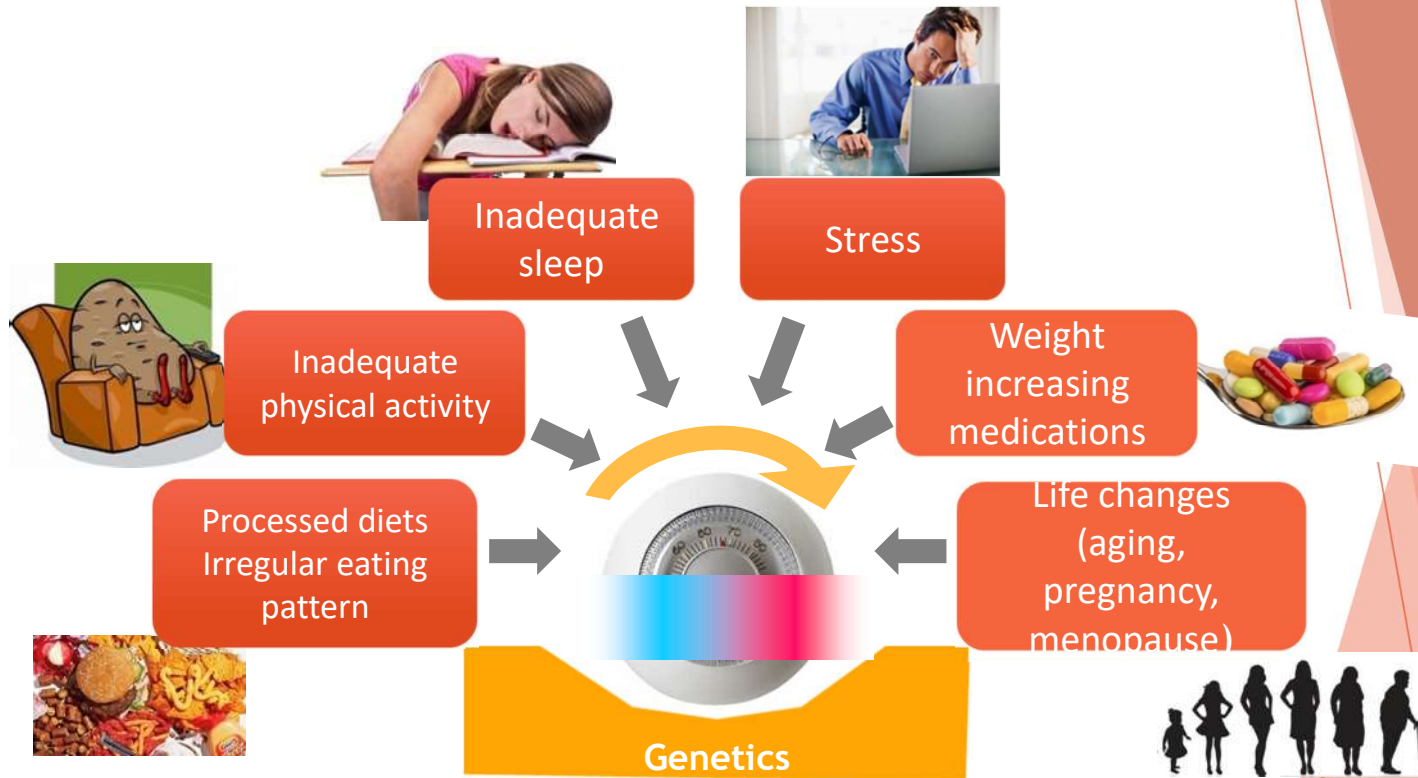
And the hormones that tell the brain it's time to stop eating, the "feeling full" signals, decrease.

*These are just some of the factors that make weight regain so common.*

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# Set Point Factors



# Access to Care

## INSURANCE DENIALS

Very few insurance companies pay for obesity care and weight management options such as:

- Bariatric surgery
- Medical weight management
- Consultations with dietitians



## ACCEPTING CARE

It may be hard for some people to accept obesity care from a healthcare provider.

This can be from:

- A negative care experience in the past
- A belief that they need to lose the weight on their own
- Unsuccessful weight-loss in the past



## IMPROPER EQUIPMENT

People with obesity deserve medical equipment that meet their needs. Individual needs can vary, but often include:

- Scales
- Blood pressure cuffs
- Exam gowns



## AVAILABLE HEALTHCARE PROFESSIONALS

A team of healthcare providers who understand obesity medicine can give the best care. This team can include:

- Physicians
- Nurse practitioners and Physician Assistants
- Registered dietitians



## REQUIRED STEPS FOR INSURANCE COVERAGE:

Many insurance companies have requirements to qualify for obesity care coverage. Requirements can be:

- Referrals
- Long wait times
- Mandatory weight-loss



**These barriers can include:**

## SCIENCE-BASED CARE

There is no miracle cure for obesity. However, effective, science-based treatment options and intensive behavioral therapies do exist. Receiving these options is not possible if your healthcare provider does not know about them.



## AVAILABLE LIFELONG CARE

Obesity is a chronic disease. Patients deserve access to lifelong obesity care even if the weight maintenance period has been reached.



## WHOLE PERSON CARE

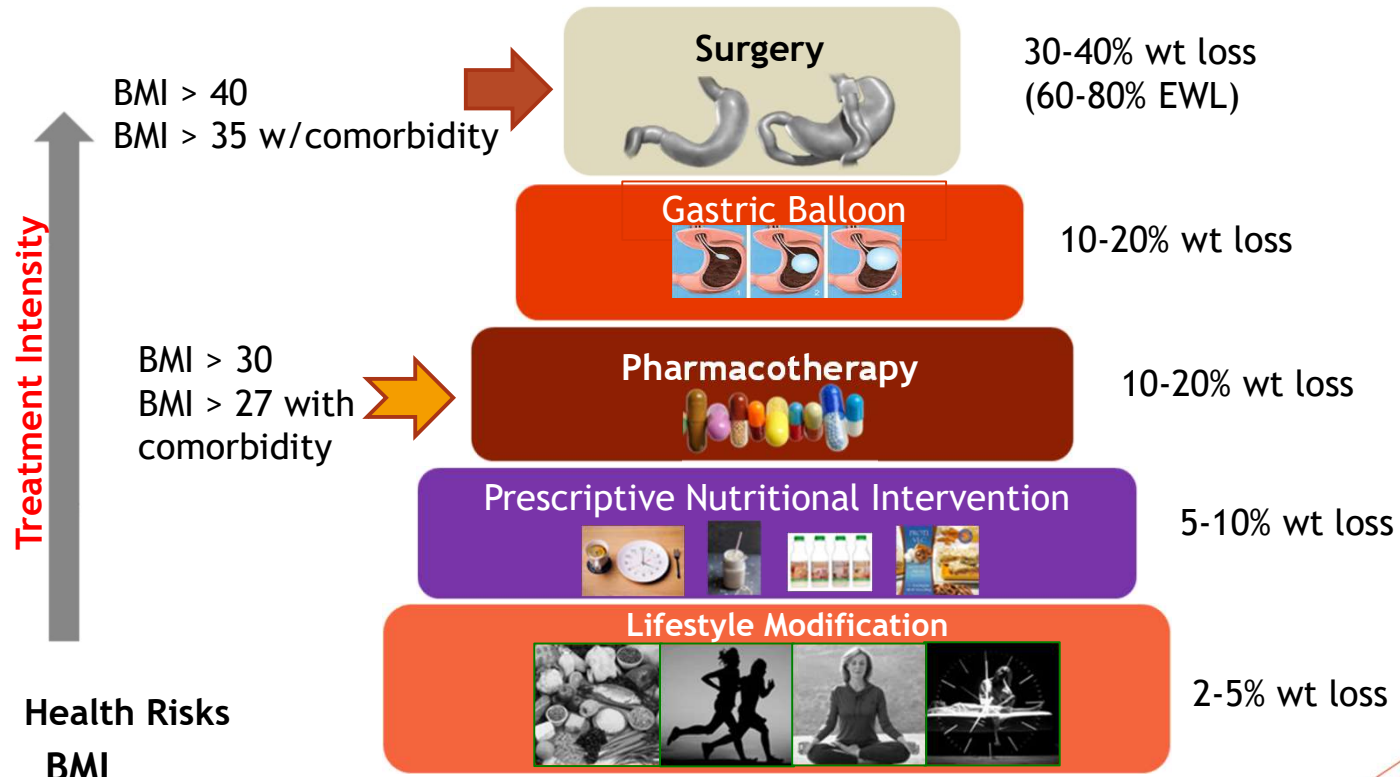
Patients need effective and respectful care no matter what health condition(s) they have. Treatment for the flu or back pain should not be dependent on a patient's weight or size.



**MCAO**

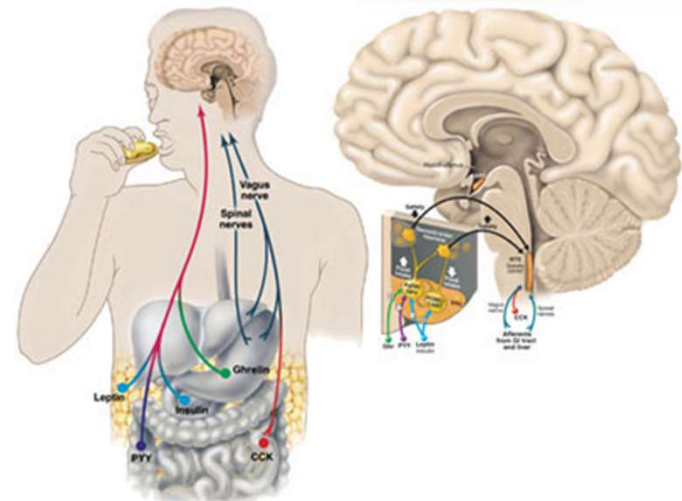
MA Coalition for Action on Obesity

# Obesity Treatment Pyramid



# What works for obesity treatment?

- ▶ **S**tructure
  - ▶ Programs, meal replacements
- ▶ **A**ccountability
  - ▶ Programming, follow up visits, virtual care, technology
- ▶ **M**etabolic alterations to promote fat loss
  - ▶ Surgery, medications, dietary patterns, exercise intensity, sleep
- ▶ **E**nvironmental stimulus control
  - ▶ Meal replacements, CBT, Acceptance based therapy



<https://www.the-scientist.com/feature/the-enormity-of-obesity-50015>

June 2012



**SCREENING FOR AND MANAGEMENT OF OBESITY IN ADULTS  
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION**

<b>Population</b>	Adults aged 18 years or older
<b>Recommendation</b>	<b>Screen for obesity. Patients with a body mass index (BMI) of 30 kg/m<sup>2</sup> or higher should be offered or referred to intensive, multicomponent behavioral interventions.</b>  <b>Grade: B</b>

**Intensive multicomponent behavioral interventions:**

12-26 sessions: RD, PT, OT, behaviorist

Behavioral management activities, such as setting weight-loss goals

Improving diet or nutrition and increasing physical activity

Addressing barriers to change

Self-monitoring

Strategizing how to maintain lifestyle changes



# Weight loss by intervention

Weight loss %	% of patients in behavior programs (WW, IBT)	% of patients with surgery at 10 years <sup>3</sup>	% patients on liraglutide 3mg (Saxenda©) (Plus Bmod & MR)	% patients on semaglutide 2.4mg weekly	% patients on phentermine/topiramate 15/92mg (Qsymia©)	% patients on bupropion/Naltrexone (Contrave©) (Plus Bmod)
> 5%	48% <sup>2</sup>	96.6%	63% (74%) <sup>5</sup>	90%	67%	42% (66%) <sup>4</sup>
> 10%	25% <sup>2</sup>		33% (52%) <sup>5</sup>	75%	47%	21% (41%) <sup>4</sup>
> 15%	12% <sup>5</sup>		(36%) <sup>5</sup>	56%	32%	10% (29%) <sup>4</sup>
> 20%	10% <sup>3</sup>	72%	6%	36%		
> 30%	4% <sup>3</sup>	40%				

1. Wadden T, Bailey TS, Billings LK, *et al.* Semaglutide 2.4 mg and Intensive Behavioral Therapy in Subjects with Overweight or Obesity (STEP 3). Presented at the 38<sup>th</sup> Annual Meeting of The Obesity Society (TOS) held at ObesityWeek®, November 2-6, 2020 [Oral 084].

2. *Lancet*. 2011 Oct 22; 378(9801): 1485-1492. *Obesity (Silver Spring)*. 2019 Jan;27(1):75-86

3. *JAMA Surg*. 2016 Nov 1;151(11):1046-1055.

4. *Obesity (Silver Spring)*. 2011 Jan; 19(1): 110-120.

The New York Times

## ***'A Game Changer': Drug Brings Weight Loss in Patients With Obesity***

In a clinical trial, participants taking semaglutide lost 15 percent of their body weight, on average.



# What YOU CAN DO:

- ▶ Require insurances cover anti-obesity medications and lifestyle support programs as standard benefit
- ▶ Add anti-obesity medication coverage in public health plans
- ▶ Support healthy community lifestyle habits (stress reduction, sleep, healthy whole food choices) and access to whole foods
- ▶ Encourage people to seek out obesity treatment and support the chronic disease model of care
  - ▶ It's your chemistry, NOT your character!
- ▶ Work to reduce weight bias and stigma
  - ▶ Use person first language: people with obesity, not obese people
- ▶ Support TROA (Treat and Reduce Obesity Act) and local Medicaid coverage for obesity treatment
- ▶ Share the Obesity Action Coalition materials broadly

# Good News!



- ▶ Obesity is complex AND treatable!
  - ▶ But it takes more than eating less and exercising more
- ▶ There is time to treat it and make a difference!
- ▶ Adiposity reduction to get BMI into lower risk category should be goal for those in a higher risk category
- ▶ But not if we don't recognize this and make treatment options affordable and a priority!
- ▶ Obesity treatment should be our next pandemic priority!