

## Roundtable Discussion

# Addressing The Consequences Of Obesity In Federal Programs And Policies

### Designation As A Disease Could Help Promote Prevention, Early Treatment

Obesity and its cardiometabolic consequences, which hold serious health and economic implications for American society, are caught in a conundrum in which lifestyle and clinical factors intermingle. Some in the medical community view obesity as a complex, chronic disease involving lifestyle, metabolic and genetic factors, while others see it as a condition resulting from lifestyle choices that are totally controllable and can be fixed in the short-term.

Current policy mainly addresses the extreme phase of obesity, with reimbursement focused largely on bariatric surgery for morbid obesity.

The conundrum of how best to address obesity permeated a roundtable discussion convened by the nonprofit U.S. Medicine Institute for Health Studies to examine the exemplary role federal programs and policies might play in addressing the burgeoning burden of overweight and severely overweight Americans. The roundtable was attended by representatives from federal agencies, congressional offices, professional associations, academia and industry.

Some participants contended during the roundtable that policy-makers, and society in general, place a moral overtone on obesity — seeing

it as the “fault” of the person involved — when this approach is a much too simplistic. All participants urged that there be greater focus on dealing with the lifestyle factors associated with obesity such as diet high in calorie-rich, sugary foods and a sedentary lifestyle

Policy changes proposed during the roundtable include:

- *Recognizing obesity as a disease that is eligible for reimbursement.* For Medicare, this would require a change in law. Some official entity, such as the National Institutes of Health, would have to lead in making this designation.

While obesity involves a cluster of conditions, the literature shows that, even when these co-morbidities are accounted for, there still is elevated risk of cardiovascular disease and need for treatment (counseling, nutrition, exercise regimens, medications).

- *Funding long-term research to tease out the biomarkers for obesity.* Currently, body mass index (BMI) is used to

### Discussion Highlights

- Rates of excessive weight and obesity are increasing in the United States, even among active-duty military personnel, who are required to keep active and maintain fitness.
- Lifestyle changes such as increased physical activity and more healthful meals must remain the cornerstone of obesity treatment.
- Success in treating obesity is defined as halting progression. Obesity involves a “re-setting” of the individual’s metabolism that cannot easily be reversed, thus making it an intractable condition.
- Dealing with obesity requires partnership between clinicians, public health professionals and local communities.
- A huge shift in our national approach to lifestyle issues is needed — increasing availability of nutritious foods, more opportunities for activity during the workday.
- Can our obesity-prone society be changed? Have we decided to exist as a nation of overweight individuals? If so, what are the associated costs in terms of both economics and morbidity and mortality? If not, we need to reorient our priorities — for example, stop subsidizing foods that are energy-dense and instead subsidize fruits and vegetables.



screen for obesity but is not a diagnostic criterion by itself. Patho-physiologic markers could help identify when disease begins and when treatment is successful in halting progression.

- *Elevating obesity's visibility in discussions of health policy.* Greater advocacy may require creation of new groups and partnerships. Already, some groups are urging enhanced focus on obesity in party platforms for the 2008 elections.

### A Growing Burden

Obesity levels are increasing dramatically in the United States, even among military personnel on active duty: 3 percent are obese and 60 percent are overweight, and the trend is steadily upward ["Motivation and physical activity are not enough, so what does this say for the rest of society?"]. Among veterans, 73 percent of men and 68 percent of women are overweight.

These levels reflect the growing percentage of U.S. children and adults who exhibit excess weight or obesity — a trend that has become so pervasive it is labeled an epidemic.

Obesity is a contributing factor to conditions which convey health and economic burdens: type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea. Early treatment can help retard this progression.

### Programs And Demonstrations

Federal programs are taking steps to deal with the burden of overweight and obese constituents. In the Veterans Health Administration, every VA medical center has a weight management program through VA's MOVE program,

which offers all patients supported self-management and followup, with more intensive management via medications and bariatric surgery available on a limited basis.

VA partners with the Health and Human Services Department to promote healthy eating and increased physical activity among veterans and is using telehealth and remote monitoring to help patients self-manage their weights.

VA and the Defense Department have developed joint clinical practice guidelines for overweight and obesity. DoD offers numerous weight control programs for active-duty personnel, since overweight and obesity have strategic implications, reducing alertness and increasing risk of injury. DoD currently estimates it pays \$1 billion in added healthcare costs and forced separations because of overweight and obesity.

The Agency for Healthcare Research and Quality supports research on improved obesity care and treatment for children and tracks the impact of obesity on the U.S. healthcare system. AHRQ also is working to improve the dissemination of information to the medical community. The Centers for Medicare and Medicaid Services last year began a demonstration program under which promising innovations in care that lack sufficient evidence for Medicare coverage can be provisionally covered until enough evidence is amassed for a final determination.

### A Lifetime Commitment

Time spent in a physician's office is but a brief moment in the battle to control overweight and obesity. Patients, and society, must be prepared to deal with weight-control as a life-

time commitment. "People look for a simple solution, but there isn't one."

Successful treatment requires a combination of lifestyle and clinical approaches, as well as improved understanding of the biomarkers that underlie overweight and obesity.

Participants in this roundtable: Mary Barton of the Agency for Healthcare Research and Quality; Kathleen Briggs of Sanofi-Aventis; Morgan Downey of NAASO, the Obesity Society; Jacob Dreizin of the Senate Veterans Affairs Committee; Adolph Falcon of the National Alliance for Hispanic Health; Douglas Greene of Sanofi-Aventis; Joyce Grissom of the Defense Department; Richard Hodge of Sanofi-Aventis; Van S. Hubbard of the National Institutes of Health; Linda Kinsinger of the Veterans Health Administration; Sue Kirkman of the American Diabetes Association; Erik Komendant of the office of Rep. Jason Alt-mire; Cathy Liverman of the Institute of Medicine; Iris Mabry of the Agency for Healthcare Research and Quality; Arnauld Nicogossian of George Mason University; Gary Puckrein of the National Minority Quality Forum; William Rowley of the Institute for Alternative Futures; Dexter Shurney of Healthways, Inc.; Shannon Slawter of the Government Accountability Office; Anne Sumner of the National Institutes of Health; and Antonio Tataranni of Sanofi-Aventis.

The roundtable was moderated by Tracey Moorhead of the Disease Management Association of America.

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