Obesity: The Cost of No Coverage

July 18, 2024
Welcome

Elizabeth Garner, M.D., MPH
Immediate Past President, American Medical Women’s Association
Former Chief Scientific Officer, Ferring Pharmaceuticals
Opening Remarks

Beth Battaglino, RN-C
President & CEO
HealthyWomen
Thank You to Our Co-Sponsors
Special thanks to Eli Lilly and Company for its financial support of this briefing
Opening Remarks

US Rep. Larry Bucshon, M.D. (R-IN)
Co-sponsor, Treat & Reduce Obesity Act

US Rep. Sheila Cherfilus-McCormick (D-FL)
Co-sponsor, Treat & Reduce Obesity Act
The Cost of Obesity as a Chronic Disease

Alicia Shelly, M.D., FACP, DABOM
Lead Physician, Wellstar Primary Care Douglasville
Physician, Wellstar Centers of Best Health Douglasville
Podcast Host, Back on Track: Achieving Healthy Weight Loss
In 2022, a 38-year-old woman comes to my clinic for a consultation on her weight.

She is currently 770 lbs. Her highest weight was 793 lbs.

She has struggled all her life to lose weight.

She has a history of Type 2 diabetes, high blood pressure and obstructive sleep apnea.

She was recently diagnosed with congestive heart failure.

Her motivation for losing weight is: “To not die and to travel more”
Obesity Is a Chronic Disease
Obesity is a Multi-factorial Disease
Medical Complications of Obesity

- Pulmonary disease
- Obstructive sleep apnea
- Hypoventilation syndrome
- Idiopathic intracranial hypertension
- Stroke
- Cataracts
- Coronary heart disease
- Diabetes
- Dyslipidemia
- Hypertension
- Severe pancreatitis
- Cancer
- Breast, uterus, cervix
- Colon, esophagus, pancreas
- Kidney, prostate
- Gall bladder disease
- Steatosis
- Steatohepatitis
- Cirrhosis
- Gynecologic abnormalities
- Abnormal menses
- Infertility
- Polycystic ovarian syndrome
- Gout
- Osteoarthritis
- Skin
- Phlebitis
- Venous stasis
The Rates of Obesity Are Increasing
Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2011

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

*Sample size <50, the relative standard error (dividing the standard error by the prevalence) ≥30%, or no data in a specific year.
Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2015

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

*Sample size <50, the relative standard error (dividing the standard error by the prevalence) ≥30%, or no data in a specific year.
Prevalence\(^1\) of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2019

\(^1\) Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

*Sample size <50, the relative standard error (dividing the standard error by the prevalence) ≥30%, or no data in a specific year.
By 2030, nearly half of all U.S. adults will be obese, experts predict.
Current Obesity Treatments

- Lifestyle Interventions
- Anti-Obesity Medications
- Bariatric Surgery
Reduces Cardiovascular Death
Reduces the Risk of Kidney Complications

Effect: 
Kidney Type:

Authors: Vlado Perkovic, M.B., B.S., Ph.D., Katherine R. Tuttle, M.D., Peter Rossing, M.D., D.M.Sc., Kenneth W. Mahaffey, M.D., Johannes F.E. Mann, M.D., George Bakris, M.D., Florian M.M. Baeres, M.D., Thomas Idorn, M.D., Ph.D., Heidrun Bosch-Traberg, M.D., Nanna Leonora Lausvig, M.Sc., and Richard Pratley, M.D., for the FLOW Trial Committees and Investigators.* Author Info & Affiliations

Published May 24, 2024 | N Engl J Med 2024;391:109-121
DOI: 10.1056/NEJMoa2403347 | VOL. 391 NO. 2
Tirzepatide for the Treatment of Obstructive Sleep Apnea

Atul N
Terri E
Scric
an

Reduces Sleep Apnea

Figure 1. Change in AHI and Body Weight.
The change in the apnea–hypopnea index (AHI, the number of apneas and hypopneas during an hour of sleep) (Panels A and B) and body weight (Panels C and D) from baseline to week 52 for trial 1 and trial 2 are shown according to the weeks since randomization, derived from a mixed-model-for-repeated-measures analysis for the efficacy estimand, and no explicit imputations were performed for missing data. Week 52 estimates for the treatment-regimen estimand are also shown. For the treatment-regimen estimand, missing data at week 52 due to coronavirus disease 2019, missing data at week 52 from participants in the tirzepatide and placebo groups who completed the study period, missing data at week 52 after trial discontinuation due to the participant having undergone randomization in error, or missing data at baseline were assumed to be missing at random and were imputed with the use of multiple imputation from the same trial group. All other missing data at week 52 were considered to be not missing at random, and a placebo-based multiple imputation method was implemented. Least-squares means are shown unless otherwise noted. I bars indicate 95% confidence intervals.
Type 2 Diabetes Remission

JAMA. 2024;331(8):654-664. doi:10.1001/jama.2024.0318
Longer Life Expectancy

Authors: Lena M.S. Carlsson, M.D., Ph.D., Rajsá Sjöödin, Ph.D., Peter Jacobson, M.D., Ph.D., Johanna C. Andersson-Assarsson, Ph.D., Per-Arne Svensson, Ph.D., Magdalena Taube, Ph.D., Björn Carlsson, M.D., Ph.D., and Markku Peltonen, Ph.D.


VOL. 383 NO. 16
In 2022, we started her on an anti-obesity medication.

She started swimming three times a week; she decreased her calorie intake.

Last week, I saw her for a follow-up visit, and she has lost 415 lbs.

Her heart failure has resolved. Her diabetes is controlled, and she is walking without a cane.

She just came back from Florida.
The Cost of No Coverage Is Premature Death
Please support

Treat and Reduce Obesity Act (TROA)
H.R. 4818 & S.2407
References


The Perspective of a Patient

Jessi Macdonald
Woman living with obesity
Medical Care and Productivity Costs of Obesity

Chad D. Meyerhoefer, Ph.D.
Arthur F. Searing Professor and Chair of Economics, Lehigh University
Research Associate, National Bureau of Economic Research
Summary of Measurable Costs (2021 USD)

- Obesity raises medical care costs by $2,781 per individual per year

- Aggregate medical care costs in 2016 were $289B, third-party-payer paid $264B
  - In 2021, cost of Medicare program was $697B and $352B was cost of interest on national debt
- Job absenteeism costs were between $14.9B and $29.8B
Relationship Between Body Weight and Annual Medical Care Costs
Relationship Between Body Weight and Annual Medical Care Costs by Obesity Class

![Bar chart showing the relationship between body weight and annual medical care costs by obesity class. The chart compares Healthy Weight, Class 1 Obesity, Class 2 Obesity, and Class 3 Obesity. The y-axis represents Total Expenditure (2021 USD), and the x-axis represents the obesity classes. The chart indicates higher predicted expenditures for Class 3 Obesity compared to Healthy Weight.](chart.png)
Costs Are Rising All Payers (Under-65 Population)
## Costs Savings Depend on Initial BMI

### Reduction in BMI

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Predicted annual medical expenditure savings from percentage BMI reduction expressed in 2021 USD. Standard errors in parentheses. Bold estimates are statistically significant at the 95% level. Data: MEPS 2001-2010.
Estimated Comparative Cost of Obesity Treatments (2024 USD)

- Annual cost savings of 15% reduction in BMI from 35 to 29.8: $1,495
- Annual cost savings of 20% reduction in BMI from 42 to 33.6: $11,590
- Annual cost savings of 20% reduction in BMI from 45 to 36: $29,332
- 12-month cost of AOMs (no insurance): $11,220
- Cost of bariatric surgery: $23,000
- Cost of weight loss program (including food) for one year: $5,748
Annual Work Loss Days by Obesity Class

- Healthy Weight
- Class 1 Obesity
- Class 2 Obesity
- Class 3 Obesity

Dyas/year

0 2 4 6 8 10 12 14
Annual Lost Wages Due to Absenteeism

Year 2021 USD

- Healthy Weight
- Class 1 Obesity
- Class 2 Obesity
- Class 3 Obesity

Lost Wages (Half-Day Estimate) | Lost Wages (Full-Day Estimate)
Additional People Eligible for Bariatric Surgery Under New (2022/2023) Guidelines
Panel Discussion
Questions?
Please type questions in the Q&A box
Takeaways

• Obesity is a multifactorial, chronic disease impacting 40% of American adults.
• Obesity is linked to many other chronic conditions.
• Social determinants of health can complicate the ability to alter lifestyle.
• All people living with obesity need access to behavioral, nutrition and mental health counseling for obesity, as well as access to FDA-approved anti-obesity medications and bariatric surgery when appropriate.
• AOMs are promising, scientifically proven, effective treatment options that can assist people living with obesity in their weight management journey.
• Insurance coverage for all parts of the toolkit is key to achieving success!
• Comprehensive care — and insurance coverage for all parts of this care — are the keys to success in addressing obesity

KEY: Co-sponsor and pass the Treat and Reduce Obesity Act (H.R. 4818, S. 2407) and support complementary state legislation
Thank You to Our Co-Sponsors

AfPA | Alliance for Patient Access

awhp | Alliance for Women's Health & Prevention

AMWA | American Medical Women's Association

NATIONAL HEADACHE FOUNDATION

OAC | Obesity Action Coalition

Obesity Medicine Association

WeightWatchers.

WOMENHEART | The National Coalition for Women with Heart Disease

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Special thanks to Eli Lilly and Company for its financial support of this briefing