TAKING A BITE OUT OF OBESITY: LIFESTYLE INTERVENTIONS FOR THE PCP

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CMS to cover obesity behavior therapy

By James M. Berklan

Providers may be getting their load lightened a bit with help from the Centers for Medicare & Medicaid Services. The agency has proposed covering intensive behavioral therapy for obese Medicare Part A and Part B beneficiaries.

Medicare would cover weekly personal visits for the first month; visits every two weeks for the following five months; and then monthly in-person visits the second half of the 12-month period. A participant must lose at least 3 kg (6.61 pounds) in the first six months in order to continue.

Therapy would consist of screening for obesity, a dietary assessment, intensive behavioral counseling and therapy to promote weight loss through diet and exercise.

Obesity is defined as a body mass index (BMI) greater than 30 kg/m2. One third of U.S. adults are obese and at higher risk for cardiovascular diseases, diabetes and cancer.

To qualify for the therapy coverage, obese beneficiaries would have to be competent and meet with a qualified primary care provider, according to an Aug. 31 CMS memo. Nursing facilities would not be reimbursed for such therapy care but would benefit by having a lighter, healthier population to serve. ■

OVERVIEW

- Effectiveness of lifestyle intervention delivered by PCP & team.
- CMS benefit: Intensive Behavioral Treatment for Obesity in Primary Care
- Key talking points

WHERE ARE WE NOW?

- 50% of visits did not include a record of the height and weight
- For clinically obese patients (BMI ≥ 30), 70% were not diagnosed as obese
- 63% did not receive counseling from their physician
- Lack of provider documentation linked to absence of counseling patients about weight loss and health risks of obesity

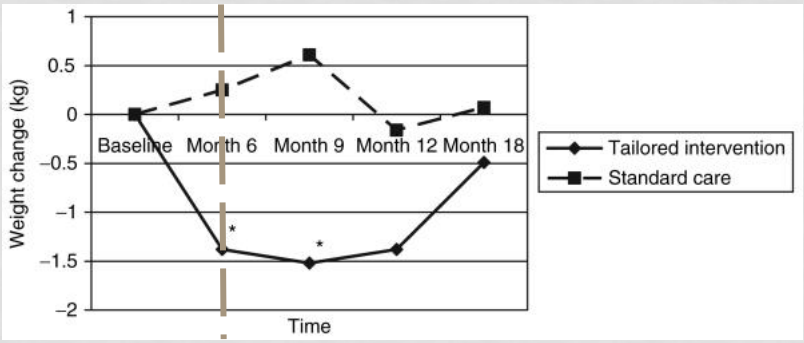
Ma, J. *Obesity*. 2009;17(5):1077–1085. Waring, M.E.. *JABFM*. 2009;22(5):544-552.

LIFESTYLE INTERVENTION IN PRIMARY CARE

- PCP Counsels & Follows
- PCP Assesses
  - Staff health professional (RD, RN, Med Assistant) counsel patients on lifestyle
- PCP Assesses
  - Lifestyle program outside of practice
    - Commercial program
    - Electronic program
    - Community Program

PCP BRIEF INTERVENTION

- Monthly visits with PCP
- 6 months duration. One year follow up

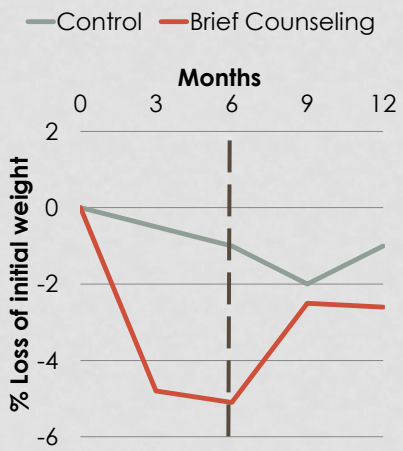


Martin, PD *Obesity*. 2006;14: 1412–1420. Follow up study: Martin PD, *Obesity* (2008) **16** 11, 2462–2467

PCP + BRIEF INTERVENTION

PCP plus use of Medical Assistants (MA)

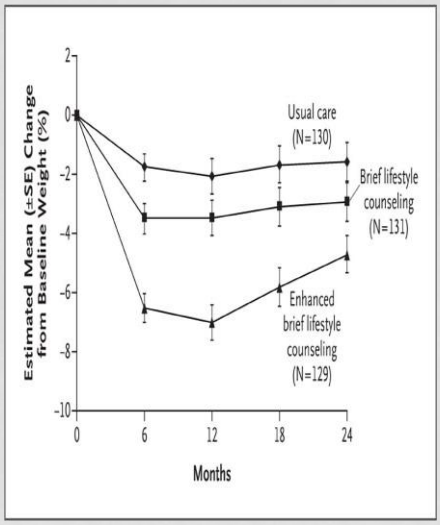
- **Control Group**
  - Quarterly PCP visits
  - Wt loss materials
- **Intervention Group**
  - Quarterly PCP visits
  - 8 brief visits with MA
  - Use of DPP material



POWER UP TRIAL

PRACTICE BASED OPPORTUNITIES FOR WEIGHT REDUCTION

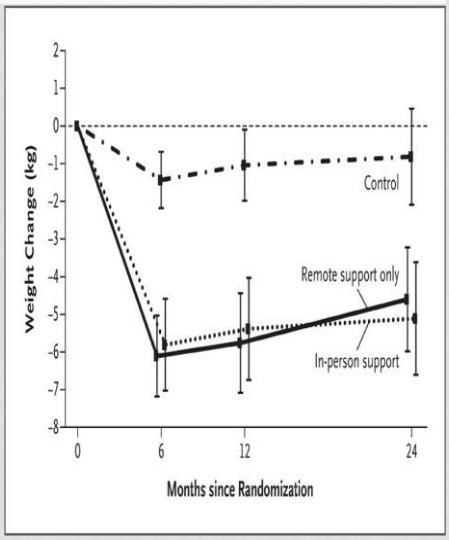
- 6 Practices (31 PCPs)
- RCT (n=390)
- Three Groups
  - Usual Care
  - Brief Lifestyle Counseling
  - Enhanced Brief Lifestyle Counseling



Wadden TA. N Engl J Med; 2011: 365(21):1969-1979

HOPKINS POWER TRIAL

- 6 PCP Offices
- RCT (n=415)
- Control
  - self directed
- Remote
  - Telephone, study-specific website, & email
- In-Person
  - Indiv & Group + website

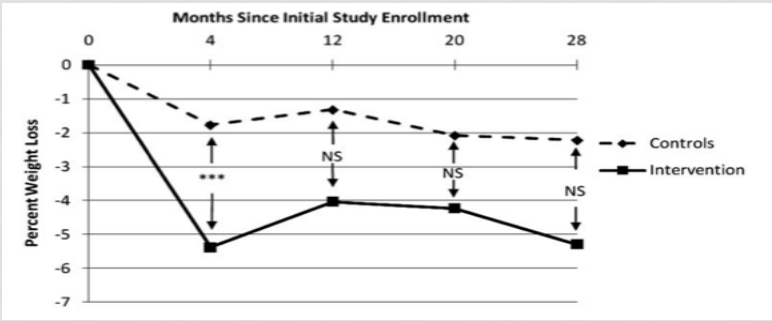


Appel LJ et al. N Engl J Med 2011;365:1959-1968

COMMUNITY INTERVENTIONS

DEPLOY Trial

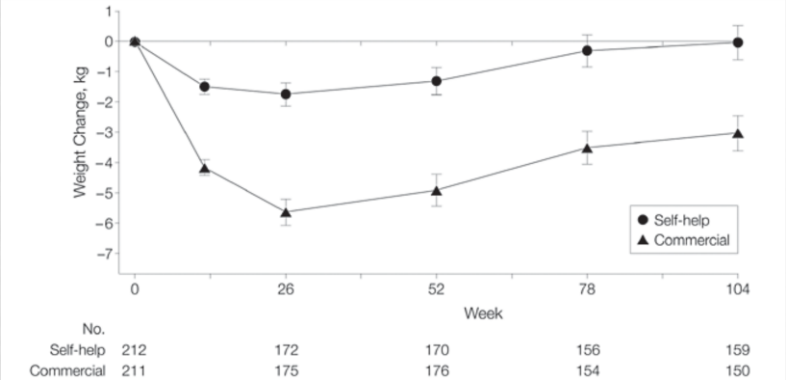
- Group meetings using DPP material
- YMCA wellness instructors



Ackermann, RT. Chronic Illness 2011; 7(4): 279-90.

COMMERCIAL PROGRAM EFFECTIVENESS

RCT (n=423)
Self Help: One, 20-min visit and handouts
Commercial: Weight Watchers, weekly mtgs



Heshka, S. JAMA 2003;289:1792-1798

SUMMARY OF EFFECTIVENESS

Type of Intervention	6 mos Weight Loss (kg)
Monthly, brief with PCP	1.5 kg
PCP with brief Medical Assistant	5.1 kg
PCP + Med Asst + medication/meal replacement	7.0 kg
PCP + allied health coach	6 - 7.0 kg
PCP + commercial or community program	5.5-7.0 kg

NEW CMS BENEFIT: INTENSIVE BEHAVIORAL COUNSELING FOR OBESITY

AVAILABLE SINCE NOVEMBER 2011

INTENSIVE BEHAVIORAL TREATMENT (IBT) ELIGIBILITY

- BMI $\geq$ 30 kg/m^2
- Medicare Part B beneficiaries
- Pt competent and alert at service
- Furnished by qualified Primary Care Provider/Practitioner in primary care setting

FREQUENCY: CMS OBESITY

- First Month: Weekly visits (4 visits)
- Months 2-6: Every other week visits (12 visits)

Six month evaluation:

- Beneficiary loses ≥ 3kg → next 6 months of treatment
- Must be documented in medical record

- Months 7-12: Monthly visits (6 visits)

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Six month evaluation:

- Beneficiary loses ≥ 3kg ➡ next 6 months of treatment (6 more visits)

REIMBURSEMENT RATES

- Regionally determined by MAC
- Averages to $25 per 15 minute unit
- Six months of visits: ~$400
- One year of visits: ~$550
- Need to work with allied health professional or be creative

ACADEMY OF NUTRITION & DIETETICS: RD/PCP PARTNERSHIP TOOLKIT

- Academy has developed toolkit to promote partnership
- RDs are:
  - Expert in weight management
  - Lower cost alternative
  - Enhance bottom line
    - Free up MD/NP time to deliver medical services

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BEING CREATIVE WITH BENEFIT

Benefit Specifies:	Benefit does not specify:

• Face-to-face visits*
• One unit = 15 min. of service
• Frequency: 16 units in first 6 months. 22 in year.
  • Month One: weekly
  • Month 2-6: biweekly
  • Month 6-12: Monthly
• Pay for unit ~ $25
	• Individual vs. Group
	• Combination of units

* New provision allows telephonic for Rural Health Centers

IBT FOR OBESITY IN PRIVATE INSURANCE SETTING

- CMS's ruling does not apply to Private Insurance
- Private Insurance often use federal guidelines as a basis for establishing own policies and definitions.
- Check out commercial insurers policy on billing for obesity

KEY TALKING POINTS FOR PCP

To support education, monitoring done by allied health professional/program

TOPICS WITH STRONGEST EVIDENCE RELATED TO BODY WEIGHT CHANGE

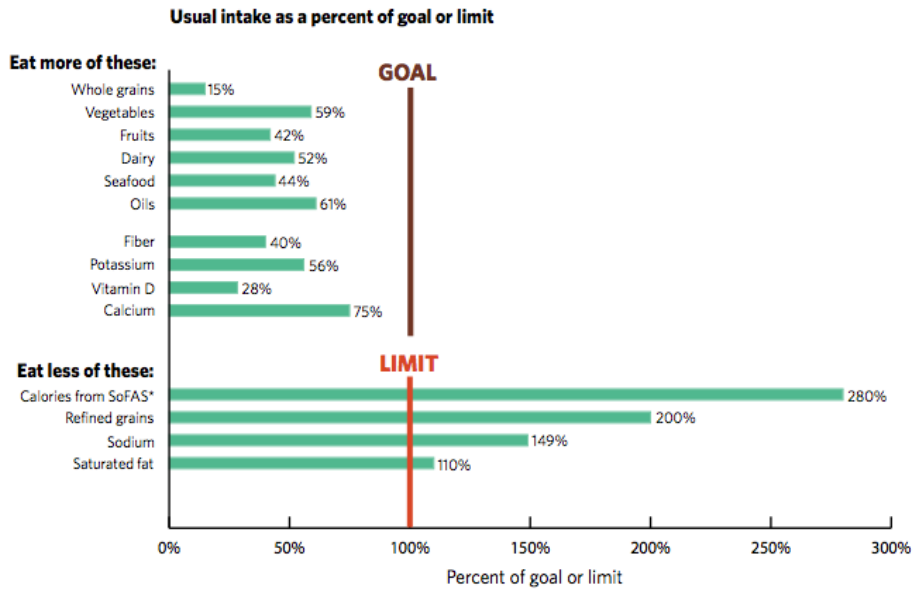
- Reduce caloric intake
- Complete food records
- Reduce portions
- Eat more Vegetables and Fruits
- Eat breakfast
- Limit screen time

DIETARY APPROACHES

- Focus on Calorie intake
  - 1200-1500 calorie diet if weigh ≤ 250 lb
  - 1500-1800 calorie diet if weigh > 250 lbs
  - Reduction of 500 calories per day from current intake
- Macronutrient
  - Carbohydrate, refined carbohydrate
  - Fat
- Meal Patterns
  - DASH diet
  - Mediterranean diet

Must Reduce Total Caloric Intake

FIGURE 5-1. How Do Typical American Diets Compare to Recommended Intake Levels or Limits?



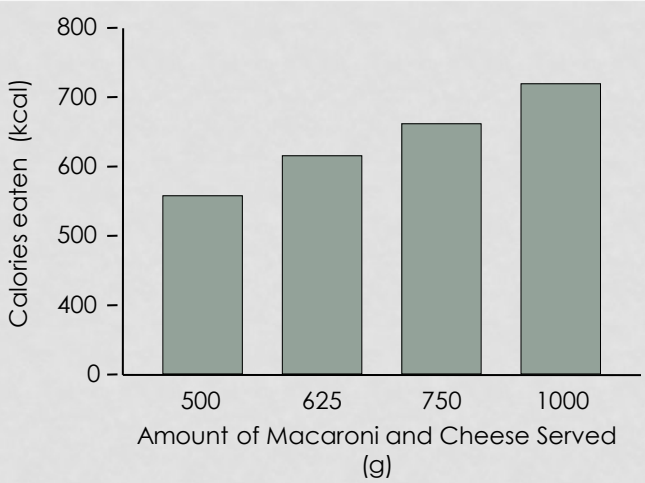
MONITORING FOOD INTAKE & PHYSICAL ACTIVITY

Day:	Mon	Date:	12/04/07		
Time	**Location**	**Food or Drink**		**Amount**	**Hunger ***
8:30am	Kitchen	Yogurt - Diet		6 -oz	3
		Apple		1 med	
		Coffee with skim milk, 1 splenda		1 cup	
10:00 am	Desk	Almonds		15	2
1pm	Break room	Turkey sandwich: Lettuce and tomato		1 slice each	4
		Whole wheat bread		2 sl	
		American cheese- individually wrapped slice		2/3 ounce	
		Deli turkey breast		3 slices	
		Mustard		1 tsp	

Activity	**Duration (minutes)**
Walking dog	15 minutes
Parking further from the office- walked an additional-	10 minutes
Today's Total	

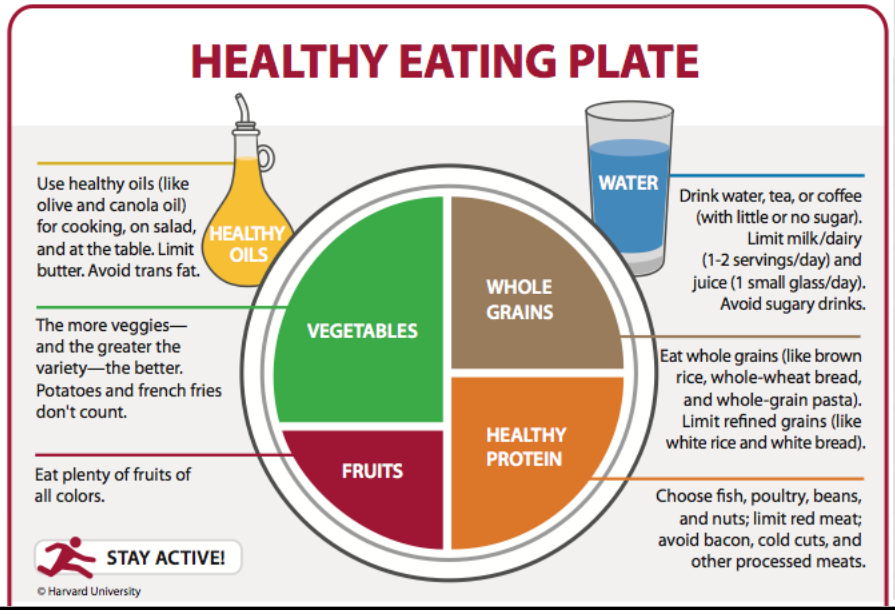
PORTION SIZES

THE LARGER THE PORTION, THE MORE WE EAT

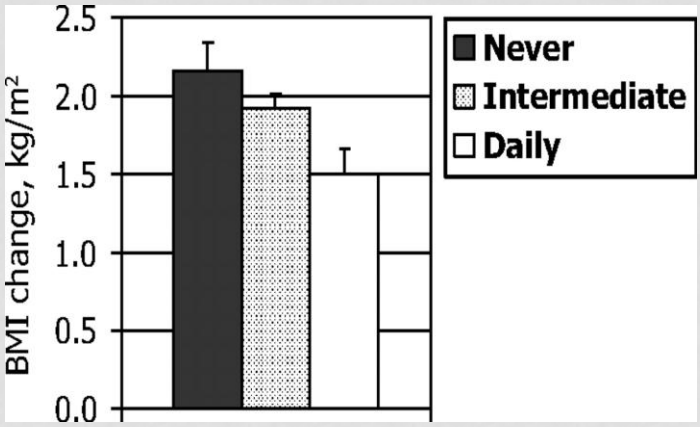


Rolls et al. *Am J Clin Nutr.2002;76:1207-13.*

HEALTHY LUNCH & DINNER PLATE



Eating Breakfast is Associated with Less Weight Gain



Timlin, M. T. et al. Pediatrics 2008;121:e638-e645

ACTIVITY OVER INACTIVITY

Physical Inactivity

2.0 Hours/day

Physical Activity Score

34%

CONCLUSION

- CMS covering behavioral treatment of obesity
- Internists will play a key role in assessment & overseeing treatment
- Recommend partnering for effective tx
- Deliver key messages

THANK YOU