
OCC Health Policy Memo

AHRQ TAP: Therapeutic Options for Obesity in the Medicare Population.

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On March 6, 2014, the Agency for Healthcare Research and Quality's (AHRQ) Technology Assessment Program posted a Topic Refinement draft key question document for review entitled, Therapeutic Options for Obesity in the Medicare Population. All of the information, including instructions for commenting (COMMENT DEADLINE: MARCH 20), can be found here: <http://www.ahrq.gov/research/findings/ta/topic-refinement.html>

This provides an excellent opportunity for the Obesity Care Continuum (OCC) to advocate for expanded access to evidence-based obesity treatment options.

REASON FOR AHRQ TECHNOLOGY ASSESSMENT

The Topic Refinement draft key question document cited the following as the reasons behind this evidence review and the relevance to clinical decision making or policymaking:

Need for Evidence Review:

Although numerous guidelines and reviews have been published on the treatment of obesity in general, few consider obesity treatments among individuals older than 65 years of age and individuals with Medicare-qualifying disabilities. A joint position statement from the American Society for Nutrition and the North American Association for the Study of Obesity specifically targets strategies to treat obesity in older persons and states that weight-loss therapy improves physical function, quality of life, and the medical complications associated with obesity in older persons. Weight-loss therapy that minimizes muscle and bone losses is recommended for older persons who are obese and who have functional impairments or medical complications that can benefit from weight loss.

Previous evidence reviews have not explored the full range of medical databases available for identifying clinical studies. They have not provided enough details to evaluate their methodological rigor. They have only examined a limited set of interventions and have not assessed the full range of

obesity-related clinical outcomes. None of the previous reviews have evaluated the extent to which reduction in BMI mediates clinical outcomes.

Relevance to Clinical Decision Making or Policymaking:

It would be beneficial to know which interventions for obesity improve long-term clinical outcomes among the elderly and disabled population. This would allow policy makers to inform relevant guidelines for this population. This topic is of interest to the Centers for Medicare and Medicaid Services (CMS) in making decisions as evidence on various interventions may inform future coverage of interventions for this population. A recent policy decision outlined the specific types of bariatric surgery for which evidence on effectiveness was available that would be covered for the Medicare population.

AHRQ FOCUS:

AHRQ is looking at the full range of obesity treatments, including obesity surgery, pharmacologic options, lifestyle interventions, and combination of interventions. Their focus is on the Medicare population with BMI ≥ 30 .

AHRQ TIMELINE:

While comments on the Topic Refinement draft key question document are due March 20th, there will be another comment opportunity when AHRQ releases the draft Technology Assessment report. Timing for that is unclear – we are likely looking at a three to six month timeframe before the draft report is published, although it can take nine months or more.

SUGGESTED OCC APPROACH:

I see this as a great opportunity for the Obesity Care Continuum to highlight the key issues we have been raising about treatment parity for those affected by obesity compared to other chronic disease states. For example:

Intensive behavioral Therapy

The OCC can reaffirm our position that patients need direct access to the most qualified and experienced healthcare professionals such as obesity medicine specialists, registered dietitians and mental health professionals.

Pharmacotherapy:

We should continue to push for inclusion of FDA-approved obesity drugs under Medicare Part D – highlighting the outdated policy that prohibits Medicare from covering these critical treatment tools. I believe there is the Ken Thorpe

study that was published in Health Affairs regarding the savings that Medicare can generate from 5-10 percent weight loss in Medicare beneficiaries.

Bariatric Surgery:

OCC can note the broad coverage and wide acceptance of bariatric surgery in both public and private health plans (save small group market and half of state exchange programs) and highlight the benefits associated with bariatric surgery – although reversal of type 2 diabetes may be difficult in seniors who have likely been affected by diabetes for an extended period of time. Clearly though, we can cite overall improvement in obesity related co-morbidities.

AHRQ QUESTIONS & FOCUS AREAS

KQ1. In patients who are obese and who would be eligible for Medicare, what is the comparative effectiveness of interventions that are intended to improve outcomes by reducing obesity?

The outcomes of interest include:

- a. Measures of weight, such as body mass index, weight in kilograms, measures of body composition including skinfold thickness, and waist circumference.
- b. Intermediate outcomes, such as change in intervention adherence, blood pressure, glucose levels, inflammatory markers, and lipid levels.
- c. Obesity-related complications such as; cardiovascular disease, dementia, depression, liver disease, mortality, and musculoskeletal disease.
- d. Patient-reported outcomes such as activities of daily living, pain, physical functioning, health-related quality of life and satisfaction with health care delivery.
- e. Adverse effects of interventions such as; activity-related injury, medication side-effects, nutritional deficiencies (including eating disorders), and procedural complications (including death).

KQ2. In patients who are obese and who would be eligible for Medicare, how well does treatment-induced reduction in BMI predict obesity-related outcomes?

The outcomes of interest include:

- a. Obesity-related complications such as; cardiovascular disease, dementia, depression, liver disease, mortality, and musculoskeletal disease.