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Comments of the Obesity Care Continuum Regarding Screening and Management for Obesity in Adults: USPSTF DRAFT Recommendations

With a combined membership of over 125,000 healthcare professionals and patient advocates, the Obesity Care Continuum (OCC) is dedicated to promoting access to, and coverage of, the continuum of care surrounding the treatment of overweight and obesity. The OCC also challenges weight bias and stigma oriented policies – whenever and wherever they occur. The OCC is a coalition of the Obesity Action Coalition, the Obesity Society, the American Dietetic Association, and the American Society for Metabolic and Bariatric Surgery.

Therefore, the OCC is pleased to submit the following comments in response to the U.S. Preventive Services Task Force's (USPSTF) latest draft recommendations regarding screening for and management of obesity in adults. We applaud the Task Force for initiating the review of the evidence and recommending that adults with a body mass index (BMI) greater than 30 kg/m2 "be offered, or referred to, intensive, multicomponent behavioral interventions."

In particular, the OCC is pleased that the USPSTF recognizes the significant evidence surrounding multicomponent interventions as effective obesity treatment requires a multidisciplinary approach. The OCC also believes that intensive behavioral counseling services are a critical component of fostering quality and successful weight loss outcomes and can be used as a stand-alone treatment, or in conjunction with pharmacotherapy or bariatric surgery.

The OCC also believes that the timing of the Task Force's update to its recommendations comes at a critical juncture given the August 31st Centers for Medicare & Medicaid Services (CMS) proposed National Coverage Decision (NCD) memorandum regarding intensive behavioral counseling for obesity.

In its review of the evidence, the USPSTF conclusions include, among others:

1. "…weight loss programs improved weight loss outcomes when interventions involved a greater number of sessions (12 to 26 sessions in the first year). Behavioral intervention participants lost an average 6 percent of their baseline weight (4 to 7 kg [8.8 to 15.4 lb]) in the first year with 12 to 26 treatment sessions compared with little

or no weight loss in the control group. Five percent weight loss is considered clinically important by the U.S. Food and Drug Administration (FDA)."

2. "Most of the higher-intensity behavioral interventions included behavioral management activities such as setting weight loss goals, improving diet/nutrition and increasing physical activity, addressing barriers to change, self-monitoring, and strategizing how to maintain lifestyle changes."

3. "Interventions that combine pharmacologic agents (orlistat or metformin) with behavioral interventions resulted in weight loss and improvement in physiologic outcomes. On average, orlistat led to an average weight loss of about 2.6 kg (5.7 lb), a 1.9 cm reduction in waist circumference, and a decrease in fasting glucose level.… In addition, there was a lack of sufficient data regarding the maintenance of improvement after discontinuation of medications. As a result, the USPSTF is unable to recommend medication use."

Regarding Item 1, the OCC is pleased with the findings of the Task Force "that weight loss programs improved weight loss outcomes when interventions involved a greater number of sessions (12 to 26 sessions in the first year)" as these numbers track closely to the annual frequency outlined in the proposed NCD.

Regarding Item 2, while each of the OCC member groups previously expressed deep appreciation to CMS for outlining a truly robust schedule for behavioral intervention in its aforementioned NCD, all of our groups hoped that Medicare would expand the providers eligible to deliver such services to include all appropriately trained (in weight loss treatment) members of a multi-disciplinary team which is so critical in the continuum of care for those affected by obesity (including registered dietitians, nurses, mental health professionals, surgeons, and physicians). We believe that this should be emphasized in these recommendations.

Further, we concur with the USPSTF assessment that while "intensive interventions (setting weight loss goals, improving diet/nutrition and increasing physical activity, addressing barriers to change, self-monitoring, and strategizing how to maintain lifestyle changes.) are seldom practical within the primary care setting, adults can be referred from primary care to these programs." The Task Force correctly identifies the need for better care coordination and referral for treatment from the primary care setting.

Regarding Item 3, the recommendations do not make it clear that the results noted were from studies in which ALL subjects received behavioral interventions, and that the weight loss and waist circumference reductions noted were IN ADDITION to that achieved by behavioral interventions with placebo.

Further, the OCC is troubled by the Task Force's statement that there is "lack of data on maintenance of improvement after discontinuation of medications." There is no reason to expect an obesity medication to continue to have an effect after it is discontinued. Obesity

is a chronic disease and therefore should be treated as such. Virtually all other chronic diseases are treated with medication -- many treated with more than one and often over the remaining lifetime of the patient. Given that the above statement by USPSTF could probably apply to numerous other chronic diseases should patients be taken off their medications, we find it yet another illustration of the double standard that is applied to evidence-based treatments for obesity versus other conditions.

Finally, the OCC agrees with the Task Force, that “specific areas for further research include determining whether weight loss interventions can lead to long-term weight loss and improvements in health outcomes. Studies are needed that reassess the best tool for screening in adults, address weight management in the elderly and other subpopulations, and examine the cost effectiveness of behavioral and pharmacologic interventions.”

Again, we appreciate the opportunity to provide comments to the USPSTF regarding these critical services. Should you have any questions, please contact OCC Washington Coordinator Chris Gallagher at 571-235-6475 or via email at chris@potomaccurrents.com.

Sincerely,

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