



# Controversies in Obesity Management

## Action Guide and Resource Compendium

[\[Table of Contents\]](#)

August 2015

---

# About this Guide/Table of Contents



This Action Guide and Resource Compendium provides a list of recommendations and resources to help clinicians, provider organizations, policymakers, and patients address obesity. It is intended to serve as a companion document to the ICER report, *Controversies in Obesity Management*. All accompanying materials are available on the [CTAF website](#).

**How to use this Action Guide:** Each section contains one or more key recommendations from the report, accompanied by resources to provide further background and implementation support to help stakeholders translate and apply the guidance to practice and policy.

A more detailed explanation of the recommendations contained within this guide is presented in section 7 of the [ICER report](#).

Table of Contents	
Subject	Audience
<a href="#">Clinical Care</a> .....3-5	Clinicians
<a href="#">Coverage Policy</a> .....6	Payers
<a href="#">Innovative Payment Models</a> .....7	Payers, Policymakers, Clinicians
<a href="#">Preventing Obesity</a> .....8-9	Policymakers, Clinicians
<a href="#">Resources for Patients</a> .....10-11	Clinicians, Patients

# Clinical Care: Multidisciplinary Care, Consideration of Additional Factors

**Recommendation:** *Obesity is not a surgical disorder; rather, it is a chronic condition that benefits from care that is coordinated across multiple specialty areas. As part of their care, patients with obesity should be considered for treatment by primary care physicians, bariatricians, nutritionists, mental health and/or addiction experts, and other medical specialists who can help ensure successful treatment outcomes.*

*If bariatric surgery is the treatment selected, surgical teams should work closely with primary care providers and bariatricians for pre-surgery consultation and post-surgery follow-up.*

*Clinicians should give additional consideration to the physical, emotional, social, and environmental factors that contribute to a patient’s health, particularly for underserved and vulnerable populations, so that the obesity treatment chosen is most likely to be successful.*

The resources at right support clinicians efforts to treat overweight and obesity.

Clinical Resources	
<a href="#">Adult Obesity Provider Toolkit</a> , California Medical Association (CMA) Foundation	Toolkit containing strategies and tools to help providers manage and treat adult patients who are overweight or obese.
<a href="#">Child and Adolescent Obesity Provider Toolkit</a> , CMA Foundation	A child and adolescent-focused counterpart to the CMA Foundation’s guide for the treatment of obesity in adults.
<a href="#">Pre/Post Bariatric Surgery Provider Toolkit</a> , CMA Foundation	Toolkit providing resources for “medical, behavioral, psychological, and lifestyle changes” that help promote successful weight-loss surgery.
<a href="#">Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient</a> , American Society for Metabolic and Bariatric Surgery (ASMBS)	Guidance on the selection and pre- and post-operative management of bariatric surgery patients.
<a href="#">Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling</a> , US Preventive Services Task Force (USPSTF)	USPSTF recommendation statement that provides guidance on how clinicians can help patients lose weight and develop healthy behaviors, with additional guidance on implementation considerations.
Recommended Reading	
<a href="#">The Multidisciplinary Approach to Weight Loss: Defining the Roles of the Necessary Providers</a> , Bariatric Times	Article discussing the various components and roles necessary for successful multidisciplinary care of patients with obesity.

# Clinical Care: Patient-Provider Communication

**Recommendation:** *Because of the high prevalence of obesity and the discomfort both providers and patients experience in discussing it, clinicians should develop new materials or use existing materials to engage with patients in discussions about the health effects of and treatment options for obesity.*

The resources at right will help clinicians discuss overweight and obesity with their patients.

Discussion Tools	
<a href="#">Talking about weight with your patients</a> , American Medical Association (AMA)	AMA guide to discussing weight with patients, includes strategies for starting a discussion about weight, sample questions a patient may ask, and information on how to discuss various treatment options. Free registration required.
<a href="#">Why Weight? A Guide to Discussing Obesity and Health With Your Patients</a> , STOP Obesity Alliance	A guide on discussing weight with patients that includes ways to start a conversation, build trust, ensure patients are comfortable in a clinical setting, as well as additional resources to aid clinicians who treat overweight and obesity.
<a href="#">5As Tool Home</a> , Canadian Obesity Network	A series of tools designed to teach physicians how to apply the 5A framework of weight-loss management in adults, pediatric patients, and pregnant women. The five As are: ask, assess, advise, agree, and assist.
<a href="#">Weight Bias in Healthcare - A Guide for Healthcare Providers Working with Individuals Affected by Obesity</a> , Obesity Action Coalition	An educational guide for health care providers that includes common biases attributed to individuals with obesity, appropriate language to use when discussing weight with patients, and tips for discussing weight with patients.

# Clinical Care: Obesity Classification and Population Management

**Recommendation:** Health systems and provider groups should use more sophisticated obesity classification systems beyond simple BMI. Electronic documentation will allow for stratification of the patient population by obesity class; health systems and provider groups can use this information in planning for clinical capacity and to more effectively target treatment resources to the patient population.

The resources at right provide information on the Edmonton Obesity Staging System (EOSS), a supplementary tool to classify patient risk. Health systems and provider groups can use the EOSS to more effectively plan for the various types of providers needed to care for patients and to target resources to the needs of the patient population.

## Recommended Reading

[A proposed clinical staging system for obesity](#), International Journal of Obesity

An article describing the basis for and implementation of the Edmonton Obesity Staging System (EOSS), a tool designed to supplement current classification systems and to aid clinicians in determining the appropriate treatment for individuals with obesity.

[Using the Edmonton obesity staging system to predict mortality on a population-representative cohort of people with overweight and obesity](#), Canadian Medical Association Journal (CMAJ)

A study to determine whether EOSS can accurately assess risk and identify appropriate treatment for individuals with obesity.

[Edmonton Obesity Staging System: Association with Weight History and Mortality Risk](#), Applied Physiology, Nutrition, and Metabolism

Another study examining whether EOSS can accurately identify increased mortality risk in individuals with obesity.

# Coverage Policy

**Recommendation:** *The CTAF panel confirmed by unanimous vote that there is accumulating evidence of positive longer-term clinical outcomes for bariatric surgery in patients who have a body mass index (BMI) of 30.0-34.9 and type 2 diabetes (T2DM). Payers should consider expanding coverage for bariatric surgery to this group of patients based on its comparative clinical effectiveness.*

**Recommendation:** *Given the rapid development of therapies for obesity, more frequent reviews of payer coverage policies are required and should be based on systematic reviews and rigorous technology assessments.*

**Recommendation:** *Bariatric surgery is rarely the initial treatment option for patients with obesity; however, it should be considered when weight-loss management approaches and medical treatments have failed or have had insufficient benefit. Given the risks of surgery, many patients will wish to use conventional or intensive weight-loss management approaches, medical treatment options, and/or less invasive surgical procedures. Payers should structure coverage policies to help guide clinicians and patients through the available lifestyle interventions, drugs, devices, and surgical procedures as they select treatments most appropriate for the patient.*

The resources below provide information on the rationale for extending bariatric surgery to patients at lower BMI levels and on behavioral therapy for weight loss.

## Expanding Bariatric Surgery to a Lower BMI Class

<a href="#">Bariatric Surgery in Patients with Diabetes and Body Mass Index Less than 35 kg/m<sup>2</sup></a> , Blue Cross Blue Shield Technology Evaluation Center	A 2012 technology assessment examining whether evidence demonstrates that bariatric surgery improves outcomes for patients with diabetes and class I obesity.
<a href="#">Bariatric Surgery Called Cure for Some Diabetes Patients</a> , Managed Care	Article detailing the case for covering bariatric surgery for patients with class I obesity. Includes information on DiaRem, a scoring system used at the Geisinger Obesity Institute to help predict the likelihood that patients with obesity will achieve remission of T2DM within five years.
<a href="#">Bariatric Surgery in Class I Obesity</a> , American Society for Metabolic and Bariatric Surgery (ASMBS)	Position statement on the merits of bariatric surgery for patients with class I obesity and T2DM. Includes information on the clinical- and cost-effectiveness of surgical interventions for this patient population.

## Information on Behavioral Therapy for Weight Loss

<a href="#">Decision Memo for Intensive Behavioral Therapy for Obesity</a> , Centers for Medicare & Medicaid Services (CMS)	Memo detailing the composition of and coverage for intensive behavioral therapy for obesity, a program that adheres to the 5A framework of patient engagement (see related resource on page <a href="#">4</a> ).
---	--

# Alternative Payment Models

**Recommendation:** *Fee-for-service payment does not adequately support treatment of obesity, which is a chronic condition requiring multidisciplinary, longitudinal care. Provider groups, payers, and other stakeholders should consider developing and implementing alternative payment structures for obesity care, and then evaluate whether or not they improve outcomes and value. Examples of alternative approaches are bundled payments for an episode of care, a “warranty” on surgical procedures, and risk sharing between device manufacturers and health plans. Measures that assess quality of care for obesity (including patient-reported outcomes) should be coupled with payment to provide incentives for high quality, efficient care.*

The resources at right provide information on alternative payment models for obesity care and an example of a weight-management program that has implemented quality improvement tracking and an alternative payment model.

Alternative Payment Model Information	
<a href="#">ProvenCare: Geisinger's Model for Care Transformation through Innovative Clinical Initiatives and Value Creation</a> , American Health and Drug Benefits	A 2009 interview with Ronald A Paulus, MD, MBA, former Executive Vice President of Clinical Operations at Geisinger Health System, on the philosophy behind and approach to risk management used in the ProvenCare model.
<a href="#">Bundled Episode Payment and Gainsharing Demonstration: Technical White Paper</a> , Integrated Healthcare Association	Information on how to design a bundled payment model, including how to define an episode and how to address common issues that arise when implementing bundled payment.
<a href="#">Bundled Payment Across the U.S. Today: Status of Implementations and Operational Findings</a> , Health Care Incentive Improvement Institute (HCI3)	Issue brief detailing the current state of bundled payment initiatives and exploring the practical considerations surrounding this alternative payment structure.
<a href="#">PROMETHEUS Implementation Toolkit</a> , HCI3	Toolkit for the implementation of the PROMETHEUS system of episode payments, including a step-by-step guide, a calculator to estimate the PMPM impact of adopting the model, and implementation case studies.
<a href="#">Considering Surgery? Some Healthcare Providers Offer Warranties</a> , Los Angeles Times	LA Times article detailing one patient’s experiences with surgical warranties, along with common elements of surgical warranties.
Model Programs	
<a href="#">ProvenCare Services</a> , Geisinger	List of services at Geisinger that qualify for ProvenCare certification, including bariatric surgery.

# Preventing Obesity (1)

**Recommendation:** Organizations engaged in efforts to prevent and reduce obesity in the overall population should continue this important work. Such programs are often part of broader social policy changes that address violence, promote access to healthy foods and safe places to exercise, and seek healthier environments in which people can live, work, and play. Health care providers and systems should serve as an example and lead by creating healthier environments for their employees, patients, and visitors.

The resources at right contain general policy information on obesity and California resources designed to promote healthy behaviors and weight loss on a population level.

General Policy	
<a href="#">Strategies to Prevent Obesity</a> , Centers for Disease Control and Prevention (CDC)	Main page for CDC resources to help policymakers disseminate public health recommendations on obesity and implement evidence-based practices.
<a href="#">Adult Obesity: Obesity Rises Among Adults</a> , CDC	Issue of CDC Vital Signs devoted to explaining the US obesity epidemic, including high-level strategies that policymakers can take to help fight obesity.
<a href="#">Recommended Community Strategies and Measurements to Prevent Obesity in the United States</a> , CDC	Twenty-four strategies and associated measurement tools developed by the CDC to help communities and local governments in their efforts to reduce obesity.
<a href="#">The Current State of Obesity Solutions in the United States</a> , Institute of Medicine	Provides an overview of current efforts to improve nutrition, increase physical activity, and reduce disparities among populations.
California Resources to Promote Weight Loss and Healthy Behavior	
<a href="#">Feasible Strategies to Reduce Obesity</a> , The California Endowment	A blog post by the authors of a Milken Institute Report (included on the next page) on six steps policymakers can take to encourage healthy eating and drinking behaviors among the public.
<a href="#">Increasing Access to Healthy Drinks and Reducing Access to Sugary Drinks</a> , California Project LEAN	Information detailing the case for focusing on reducing the consumption of sugary beverages as a method of obesity prevention. Includes case studies, beverage standards, and sample advertisements that frame the consumption of sugary beverages in terms of sugar packets, rather than grams of sugar.
<a href="#">Joint Use of School Facilities</a> , California Project LEAN	Information explaining the rationale and providing resources for promoting the "joint use" of school facilities, a practice where schools promote physical activity by making their recreational facilities available to the community during non-school hours.
<a href="#">Healthy Food Financing Funds</a> , PolicyLink, The Food Trust, and The Reinvestment Fund	List of federal, state, and local financing programs, grants, loans, and incentives targeted to improve access to healthy foods in underserved communities.



# Preventing Obesity (2)

The resources at right contain information from national sources on public health policies designed to promote healthy behaviors and weight loss on a population level.

## Social Policy

[Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living](#), Prevention Institute

Report exploring the link between violence and lack of physical activity, including strategies to prevent violence and promote healthy eating and exercise.

[Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities](#), CDC

Tool to help identify obesity disparities and develop sustainable approaches that promote equitable health improvements.

## Food Policy

[Healthier Food](#), Healthier Hospitals

Campaign and resources to help hospitals provide healthier foods to their patients, including a description of goals and tools to help measure the healthiness of food offerings.

[Drink Different: Feasible Strategies to Reduce Obesity](#), Milken Institute

Policy recommendations to promote healthy drinking and eating habits.

[Healthier Food Retail: An Action Guide for Public Health Practitioners](#), CDC

Action guide with information on how to assess the current food environment, train and assist store owners to sell healthy options, and navigate regulatory processes.

## Physical Activity Policy

[The CDC Guide to Strategies to Increase Physical Activity in the Community](#), CDC

Guide to promoting physical activity policies in communities; includes key considerations for implementation, examples of successful programs, and additional resources.

[Steps to Wellness: A Guide to Implementing the 2008 Physical Activity Guidelines for Americans in the Workplace](#), CDC

Guide to promoting physical activity in the workplace, including a step-by-step implementation guide and sample policies.

[Obesity Prevention and Control: Interventions in Community Settings](#), Community Preventive Services Task Force

Evidence-based recommendations to promote healthy weight in communities, including reducing recreational “screen time” in children, worksite programs, and technology-supported coaching and counseling interventions.

[Tools and Resources](#), Active Living Research

Extensive compendium of resources to help create environments that promote physical activity.

# Resources for Patients (1)

About Obesity	
<a href="#">Obesity</a> , American College of Gastroenterology	Resources including frequently-asked questions, help with diet and exercise, and information on drugs and surgery for weight loss.
<a href="#">Obesity</a> , Mayo Clinic	Information on obesity, body mass index (BMI), when to see a doctor for obesity-related issues, what to expect from a doctor, and steps patients can take to lose weight.
Treatment Information	
<a href="#">Obesity Treatments</a> , Obesity Action Coalition (OAC)	A list of weight-loss treatments, including how to set weight-loss goals, how different treatments work, and estimates of the amount of weight loss a patient may have with any one treatment.
<a href="#">Working with Your Insurance Provider: A Guide to Seeking Weight-loss Surgery</a> , OAC	A guide to help patients understand what their insurance provides, how to speak with insurance representatives, how to appeal a denial, and alternative ways to pay for surgery if insurance won't pay for it.
<a href="#">Find a Bariatric Physician or Surgeon Specializing in Obesity Treatment</a> , OAC	Links to physician and surgeon locators created by the Obesity Society, the American Society for Metabolic and Bariatric Surgery, and the American Society of Bariatric Physicians. Describes the difference between a bariatric physician and a bariatric surgeon.
<a href="#">Bariatric Surgery FAQs</a> , American Society for Metabolic and Bariatric Surgery (ASMBS)	Common questions about bariatric surgery that include information on how long individuals will have to stay home from work, risks that come with surgery, and diet and exercise requirements.
<a href="#">Bariatric Surgery Misconceptions</a> , ASMBS	Discussion of common myths about bariatric surgery including weight regain, vitamin deficiencies, and the idea that obesity is an addiction.
<a href="#">Surgery for Diabetes</a> , ASMBS	Information on how bariatric surgery can improve type 2 diabetes for patients with a BMI of 30 or greater.

The resources at right contain information about overweight and obesity, and a variety of treatment options for weight loss.

# Resources for Patients (2)

Weight-loss Tools	
<a href="#">Calculate your Body Mass Index</a> , National Institutes of Health	An online calculator using weight and height to find body mass index (BMI).
<a href="#">Your Weight Matters</a> , OAC	Campaign to promote weight loss. Individuals can receive a weight-loss toolkit by registering for the “Your Weight Matters” Challenge.
<a href="#">Weigh In: Talking to Your Children About Weight and Health</a> , STOP Obesity Alliance	A guide for parents on how to approach weight issues with their children; includes information on how to overcome common obstacles to addressing proper diet, exercise, and weight-loss efforts in children.
<a href="#">Supertracker</a> , US Department of Agriculture (USDA)	Tool to help individuals manage weight, set goals, and plan and track meals and exercise.
<a href="#">Healthy Weight</a> , Centers for Disease Control and Prevention (CDC)	Information on how to maintain a healthy weight, including a food and exercise diary, healthy recipes, and information on the risks associated with excess weight.
<a href="#">Physical Activity Basics</a> , CDC	Guidelines for adults, children, and pregnant women about how much exercise they need to be healthy.
Information on Healthier Foods and Beverages	
<a href="#">How to use fruits and vegetables to help manage your weight</a> , CDC	Tips to help individuals increase the amount of fruits and vegetables they eat each day.
<a href="#">Rethink your drink</a> , CDC	Information and suggestions to help individuals reduce the amount of calories from drinks they consume on a daily basis.

The resources at right contain information on tools to help patients lose weight and make healthier food and beverage choices.