

POSITION STATEMENT:

Educate Health Care Providers about Behavioral Treatments for Obesity

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RECOMMENDATIONS

For Educators and Accrediting Agencies

- Train primary care clinicians in management of obesity and overweight and referral to relevant experts
- Include psychologists, dietitians and other health professionals in interprofessional education (IPE) curricula

For Policymakers

- Increase CMS reimbursement levels for primary care clinicians who provide obesity and overweight management education during the primary care patient visits
- Expand CMS reimbursement in the primary care setting to include psychologists, dietitians and other health professionals who provide intensive services for obesity and overweight so that adequate ongoing follow up and referral are implemented in practice
- Create CMS initiatives for interprofessional team delivery of obesity and overweight management services



The Society of Behavioral Medicine (SBM) strongly urges health professional educators and accrediting agencies to include obesity/overweight management education for primary care clinicians. Additionally, we support promoting referrals and reimbursement for psychologists, dietitians and other health care professionals as critical members of the care team and improving reimbursement levels for behavioral obesity and overweight management treatment.

Obesity is a serious, chronic disease whose prevalence has grown to epidemic proportions over the past five decades. It is now a major contributor to the global burden of heart disease, type 2 diabetes, liver disease, sleep apnea and most common cancers. Primary care clinicians, including physicians, nurse practitioners and physician assistants are often the first health care professionals to identify obesity/overweight during routine long-term care, and have the opportunity to intervene to prevent and treat disease. However, they often lack the training needed to deliver scientifically validated, behavior-based treatments. Further, they rarely refer to specialists who have extensive training in obesity/overweight management such as trained psychologists, dietitians and other health professionals.

ASSESSMENT OF CURRENT POLICIES

- **Primary Care Clinicians do not have adequate knowledge or training in how to provide minimal treatment or appropriate referrals for patients who are overweight or who have obesity.**
 - Most recent clinical guidelines for the treatment of obesity recommend that primary care clinicians refer patients who have obesity for intensive, multicomponent behavioral interventions.¹⁻⁴
 - Primary care clinicians need to be able to offer primary obesity/overweight treatment services within the context of routine long-term patient care, whether by providing basic counseling or by referring patients to specialists who provide these services.
 - Primary care clinicians generally receive insufficient training in their foundational education programs and experience inadequate health insurance coverage for such referrals. Both factors impede their ability to provide effective care for patients who have obesity or are overweight.
 - As new evidence becomes available, clinicians need to be aware of and apply evidence-supported treatment and provide access to specialists who can most effectively provide that treatment.
 - In recognition of the need for training, the Obesity Medicine Collaborative (OMEC) has developed a set of obesity management competencies for specially trained clinicians and other health care professionals.¹
 - The Medicare Diabetes Prevention Program Expanded Model provides reimbursement for evidence-based Diabetes Prevention Program (DPP) style group weight loss programs.² This program, provided by trained interventionists in the primary care setting, follows evidence-based protocols from the DPP. To fully utilize such policies, it is critical that primary care clinicians are provided obesity and overweight management education to most appropriately refer to and use these important resources.
- **The Patient Protection and Affordable Care Act (ACA) does not adequately cover reimbursement for behavioral treatment of overweight and obesity in the primary care setting.**
 - The ACA expanded coverage of obesity management through the support of USPSTF guidelines rated A or B.^{3,4}
 - The 2018 USPSTF guideline for adult obesity addresses primary care clinicians only and does not specifically include other specialists in providing behavioral treatment of obesity as part of the primary care team.
 - Current Centers for Medicare & Medicaid Services (CMS) reimbursement is inadequate and does not include psychologists, dietitians and other health professionals within the context of the primary care setting.

A limited reimbursement structure combined with lack of training restricts potential for adoption and implementation of recommended obesity/overweight management services.

ENDORSEMENTS



REFERENCES

- 1 <https://obesitymedicine.org/omec/>
- 2 Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program. Final rule. Federal register. 2017;82(219):52976-53371.
- 3 U.S. Preventive Services Task Force. Screening for and Management of Obesity in Adults: U.S. Preventive Services Task Force Recommendation Statement. *AHRQ Publication No 11-05159-EF-2*. 2012.
- 4 Curry SJ, Krist AH, Owens DK, et al. Behavioral Weight Loss Interventions to Prevent Obesity-Related Morbidity and Mortality in Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2018;320(11):1163-1171.