

The Payer Perspective: Blue Cross and Blue Shield of North Carolina's Approach to the Obesity Epidemic

Robert T. Harris, MD

The health and cost impacts of overweight and obesity have been well documented over the past several years. Rates of obesity and overweight have increased within the United States at an alarming pace, as have rates of bariatric surgery, type 2 diabetes, and healthcare costs associated with weight-related illnesses. In North Carolina, 23 percent of adults are classified as obese and an additional 36 percent are overweight. The rate of adults who are overweight has doubled over the past 20 years, and the number of overweight teens has tripled during the same time period.¹ Studies have shown that as body mass index (BMI) increases, healthcare expenditures increase with costs being 25 percent higher in people with a BMI of 30 to 35, and 44 percent higher for people with a BMI greater than 35.²

Preventive health has long been a focus of Blue Cross and Blue Shield of North Carolina (BCBSNC), and the company is committed to working with members and healthcare providers to combat obesity and excessive weight. In designing our comprehensive approach to this issue, we faced a number of challenges including member lifestyles and perceptions, traditional health plan design, and provider time stresses and reimbursement practices. However, the early results of our comprehensive, evidence-based approach are promising and provide hope that collaborative approaches may make a long-term difference.

Background

Traditionally, health plans have excluded coverage for weight reduction services, except for bariatric surgery when it is deemed medically necessary. Coverage exclusions have included physician assessment, counseling or medical management of weight issues, weight loss medications and weight loss programs.

The reluctance to cover services has been attributable to several factors: no clear benefit models; few programs tracking long-term outcomes; frequency of weight gain; and no strong evidence of success with more traditional medical approaches such as case management, physician supervision (without the support of a structured nutrition, physical activity and behavior change program) or drug therapy (without concurrent behavior change).

“In North Carolina, 23 percent of adults are classified as obese and an additional 36 percent are overweight. The rate of adults who are overweight has doubled over the past 20 years, and the number of overweight teens has tripled...”

In a 2003 survey of HMO and PPO members, Blue Cross and Blue Shield of North Carolina found 55 percent of its adult members were overweight or obese. The survey also pointed to startling perception gaps among members—Nearly one-third of overweight members believed their weight was “just right,” and many were unaware of the extensively documented health impact of obesity. An analysis of claims data associated with these members found that obese member costs were 32 percent higher than those of normal weight members, and overweight members' costs were 18 percent more. Overweight and obesity accounted for \$83.1 million in medical costs in 2003 for BCBSNC.

Robert T. Harris, MD, is Senior Vice President, Health Care Services & Chief Medical Officer, Blue Cross Blue Shield of North Carolina. He can be reached at robert.harris@bcbsnc.com or PO Box 30016, Durham, NC 27702-3016. Telephone: 919-765-4332.

The survey also found that only 57 percent of obese members and 32 percent of overweight members reported being advised by their doctors to lose weight within the past 12 months. At the same time, a report from the United States Preventive Services Task Force³ found that patients who were advised to lose weight were more than three times as likely to drop pounds as those who didn't discuss weight with their doctors.

BCBSNC had recognized for some time that North Carolinians were struggling with growing waistlines, and over several years had initiated a number of community and member-specific strategies. But with fresh claims and member survey data in hand, BCBSNC clearly identified the need for a more comprehensive and innovative approach to a complex problem. This approach would have the goal of decreasing the prevalence of obesity among the commercial BCBSNC membership through physical activity, healthy eating, weight control and safe and effective treatment.

Effective Solutions

The National Institute of Health's National Heart, Lung and Blood Institute issued an evidence-based report in June 1998, which provided clinical guidelines for identifying, evaluating, and treating overweight and obesity in adults.⁴ This report provides a comprehensive literature review of randomized controlled trials, evidence statements, and recommendations for what determines a successful weight loss regimen. The panel concluded that weight loss and weight maintenance therapy should employ a combination of low-calorie diets, increased physical activity, and behavior therapy. Behavior therapies include self-monitoring of eating and physical activity, stress management, stimulus control, problem solving, contingency management, cognitive restructuring, and social support. Additional relevant recommendations include:

- Treatment of an overweight or obese person must incorporate a two-step process—medical assessment followed by treatment. Medical assessment includes determination of the degree of obesity and overall health status. In addition, providers should assess patient motivation to enter weight loss therapy and readiness of the patient to implement the plan.
- The initial goal of weight loss therapy should be to reduce body weight by approximately 10 percent from baseline. Significant

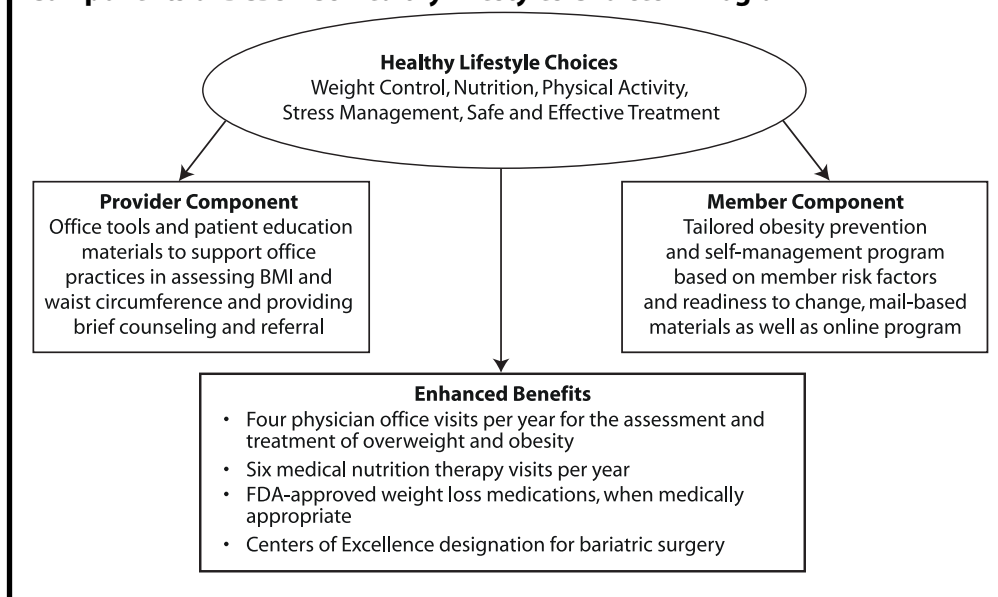
health improvements can be achieved with this modest level of weight loss. With success, further weight loss can be attempted, if indicated.

- Weight loss drugs approved by the United States Food and Drug Administration (FDA) may be used as part of a comprehensive weight loss program including diet and physical activity for high-risk patients. Drugs should never be used without concomitant lifestyle modification. Continual assessment of efficacy and safety is necessary and should only be continued if the drug is efficacious.
- Weight loss surgery is an option for carefully selected patients with clinically severe obesity when less invasive methods have failed. Surgical patients should be monitored for complications by multidisciplinary teams.

Blue Cross and Blue Shield of North Carolina's Strategy

In 2004, BCBSNC launched Healthy Lifestyle Choices,SM a comprehensive set of health improvement services developed to prevent and reduce obesity. BCBSNC conducted extensive literature reviews on what is most effective in the prevention and management of obesity and solicited input from national experts, physician advisors and BCBSNC members in the development of the program. In addition, a baseline member survey and formative evaluations provided key guidance in project development. Healthy Lifestyle Choices includes a member self-management program, a physician toolkit to support clinician evaluation of weight and treatment of obesity, and enhanced benefits covering physician assessment, medical nutrition therapy, and FDA-approved weight loss medications for long-term treatment of obesity (when medically appropriate). These new services are standard benefits available to members enrolled in BCBSNC's HMO, PPO and individual products.

Figure 1.
Components of BCBSNC's Healthy Lifestyles ChoicesSM Program



Physician Component

As part of the Healthy Lifestyle Choices program, BCBSNC developed toolkits to aid physicians in the assessment of weight and the treatment of obesity. Two different toolkits were developed, one specifically addressing assessment and treatment of adult overweight and obesity and the other for pediatric patients and their parents. BCBSNC piloted these toolkits with 200 of the highest volume primary care practices. The toolkits include: BMI wheels for the assessment of body mass index, retractable tape measures for the assessment of waist circumference, patient and parent education tear sheets, NHLBI practical guidelines for assessment and treatment of obesity, pocket cards outlining practical guidelines in a brief stepwise manner, removable patient stickers with reminders for BMI and waist circumference assessment, and “get up and move” posters for pediatric offices.

Enhanced Benefits

As part of Healthy Lifestyle Choices, and to support physicians' appropriate assessment and treatment of obesity, BCBSNC examined and adopted benefit changes. Physicians reported that they needed both the tools and the time for the assessment and treatment of obesity. Reimbursement would allow for dedicated time and appropriate follow-up care. In addition, physicians acknowledged the value of nutrition counseling for members if they needed extra support. BCBSNC worked closely with a Physician Advisory Group to establish a reasonable benefit structure that would encourage assessment and monitoring, while discouraging inappropriate utilization such as “physician weight loss clinics” springing up in offices across the state. New benefits include:

- Coverage for four physician office visits and related testing for the evaluation and treatment of obesity per benefit period.
- Six medical nutrition therapy visits for members enrolled in BCBSNC's Healthy Lifestyle Choices program. Copayments and coinsurance are waived to encourage utilization.
- Coverage of FDA-approved weight loss drugs for the long-term treatment of obesity—coverage requires prior authorization from BCBSNC, and the member must be enrolled in the Healthy Lifestyle Choices program.

The above benefit changes were approved by the North Carolina Department of Insurance and are part of the standard benefit package offered by BCBSNC.

BCBSNC is credentialing licensed, registered dietitians to be included in the BCBSNC provider network. Credentialed dietitians are listed in the online BCBSNC provider directory, which allows both physicians and members to easily locate an in-network dietitian in a particular area of the state.

In addition, BCBSNC announced the establishment of a network of Centers of Excellence (COE) for bariatric surgery in July 2004. Seven facilities, including 12 bariatric surgeons across North Carolina, are included in the network. The COEs are listed in the BCBSNC provider directory, which can be found online at bcbsnc.com.

Self-management program

The Member Health PartnershipsSM Healthy Lifestyle Choices program is free to eligible members and provides educational materials and self-help tools. BCBSNC proactively identifies and invites members with specific diagnoses such as hypertension, dyslipidemia and metabolic syndrome (conditions that can significantly benefit from dietary changes, increased physical activity and weight management) into the program. Members can also self-refer. Members do not need to be overweight or obese to join; however, more than 85 percent of program participants both need and want to lose weight. Materials are customized to the member's individual health status and readiness to make lifestyle changes. Members complete a short health assessment survey as part of the enrollment process to determine health risks and needs. As part of the Healthy Lifestyle Choices program, a member receives customized mailings over a six-month period. Materials include a personalized health feedback report (based on survey results), a lifestyle diary, step counter, interactive online tools, condition-specific materials, and a quarterly newsletter.

The Results

BCBSNC was the first major health insurer in the country to make coverage available for doctors to talk specifically to their patients about how weight affects their health. The Healthy Lifestyle Choices program is helping participants achieve a healthier weight and engage in lifestyle changes that can prevent serious health problems. Since its inception, 9,296 BCBSNC members have actively engaged in the Healthy Lifestyle Choices program. Early program results are promising. The following results reflect self-reported, pre-post survey data following the first six months of the program:

- 47% of participants who reported wanting to lose weight lost an average of 9.5 pounds.
- 14% lost 10 pounds or more.
- 46% of participants lost an average of 0.86 inches around their waist.
- 70% of participants in the Hypertension Stage I/Stage II categories moved to a lower hypertension severity category (e.g. Prehypertension or Normal categories).
- 13% of participants in the Prehypertension category lowered their hypertension severity to Normal.
- 46% of participants reported an increase in days of exercise. On average, members increased their days of exercise by 0.64 days.
- 90% of program participants were satisfied or very satisfied with the program.

Future process and outcome measures of the program will include:

- Utilization and costs (pre-post against a similar cohort of non-participants)
- Incidence of type 2 diabetes onset

- Provider assessment of BMI and counseling
- Utilization of various program components
- Program return-on-investment

BCBSNC is currently collaborating with the American Dietetics Association and the Blue Cross and Blue Shield Association to conduct an in-depth analysis of the effectiveness of the medical nutrition therapy component of the program.

BCBSNC gained solid recognition as an industry leader, willing to work collaboratively with doctors and other health-care professionals for the good of its members to offer an obesity solution. Others have publicly recognized this effort:

"The move will probably become a model for other insurers and private companies," said Morgan Downey, executive director of the American Obesity Association, a Washington Advocacy group. "It is very comprehensive and unprecedented..."

—The Washington Post

"Other insurance companies and health plans and employers will be watching this very closely."

—Helen Darling,
President, National Business Group on Health

"This program represents a direction that a lot more health insurers could pursue. Clearly, BCBSNC is making a serious commitment of resources to support its members in their efforts to manage their weight."

—William Dietz, M.D.,
Director of the Centers for Disease Control and
Prevention's Division of Nutrition and Physical Activity.

BCBSNC remains committed to working with members and providers over the long term and to refining our approach based upon our results, emerging medical literature, and best practices. Successfully combating obesity and overweight are one of the leading challenges of our entire healthcare system, akin to the anti-tobacco campaigns that began in the last half of the 20th century. Winning this battle is crucial to moderating healthcare costs, sustaining the viability of our healthcare system, and maintaining the economic vitality and quality of life of our state and nation. **NCMedJ**

REFERENCES

- 1 Freedman DS, et al. (2002). Trends and correlates of class 3 obesity in the United States from 1990 through 2000. *JAMA*, 288 (14), 1758-1761.
- 2 Quesenberry CP Jr, et al. (1998). Obesity, health services use, and health care costs among members of a health maintenance organization. *Archives of Internal Medicine*, 158(5), 466-472.
- 3 Guide to Clinical Preventive Services. U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality. www.ahrq.gov/clinic.cps3dix.htm.
- 4 U.S. Department of Health and Human Services, National Institutes of Health. (2002). The Practical Guide Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. NIH Publication No. 02-4084.