

Readers' Forum

To the editor:

Thank you for highlighting health prevention in the January/February issue of the *North Carolina Medical Journal*. As a family doctor who practices outpatient and inpatient medicine, I believe in the adage "an ounce of prevention is worth a pound of cure." However I am often frustrated by the lack of payment for providing preventive measures, especially those for the treatment of obesity.

Obesity is known to cause, compound, or influence many major medical conditions that can cause mortality and significant health care costs and morbidity, such as diabetes mellitus, hypertension, coronary artery disease, osteoarthritis, and infertility.¹ In America, as of 2008, more than 32% of adults and 17% of children ages 2-18 years are obese.² North Carolina's population has a 26% obesity rate among adults.¹ For the first time in history, there is speculation that children may not outlive their parents.

I appreciate the Prevention Action Plan and other initiatives mentioned in the issue that are in place to address physical inactivity and obesity. I believe we must move toward better reimbursement for nutritional consultation, medical office visits, and behavioral intervention when obesity is the primary diagnosis. Currently, insurance reimbursement for obesity treatment is dismal and inconsistent.³⁻⁵ The lack of coverage leaves thousands of children, adolescents, and



adults with this chronic disease who have no recourse to care except for the brief mention (if any) of preventive measures within the confines of a 15-minute acute care visit or a 30-minute well-check. There is not much opportunity to follow up to aid them in making healthy lifestyle changes and in navigating setbacks and regressions with evidence-based practices for treating obesity. Direct medical costs to the United States health care system are estimated at \$116 million for diabetes mellitus and \$76 billion for hypertension.^{6,7} The cost of

several office visits per year greatly underscores the cost of the multiple office visits, laboratory tests, medicines, and, possibly, specialty visits that accompany obesity-related conditions. We must further recognize the importance of health promotion and wellness with respect to insurance reimbursement for the treatment of obesity.

Sincerely,
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REFERENCES

1. Overweight and obesity. Centers for Disease Control and Prevention website. <http://www.cdc.gov/obesity/data/trends.html>. Accessed May 27, 2010.
2. Ogden C, Carroll M, Curtin L, et al. Prevalence of high body mass index in US children and adolescents, 2007-2008. *JAMA*. 2010;303(3):242-249.
3. Simpson LA, Cooper J. Paying for obesity: a changing landscape. *Pediatrics*. 2009;123(Suppl 5):S301-S307.
4. Griffith J, Gantz S, Lowry J, Dai H, Bada H. Insurance reimbursement in a university-based pediatric weight management clinic. *J Natl Med Assoc*. 2007;99(9):1037-1041.
5. Tsai AG, Asch DA, Wadden TA. Insurance coverage for obesity treatment. *J Am Diet Assoc*. 2006;106(10):1651-1655.
6. Centers for Disease Control and Prevention. *National Diabetes Fact Sheet, 2007*. Centers for Disease Control and Prevention website. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf. Accessed May 27, 2010.
7. Centers for Disease Control and Prevention. *High Blood Pressure Facts*. Centers for Disease Control and Prevention website. <http://www.cdc.gov/bloodpressure/facts.htm>. Accessed June 2, 2010.