Health Plans and Obesity: Blue Cross and Blue Shield of North Carolina's Approach

Blue Cross and Blue Shield of North Carolina

Prevention and Health Education

December 2004

Health Plan Challenges

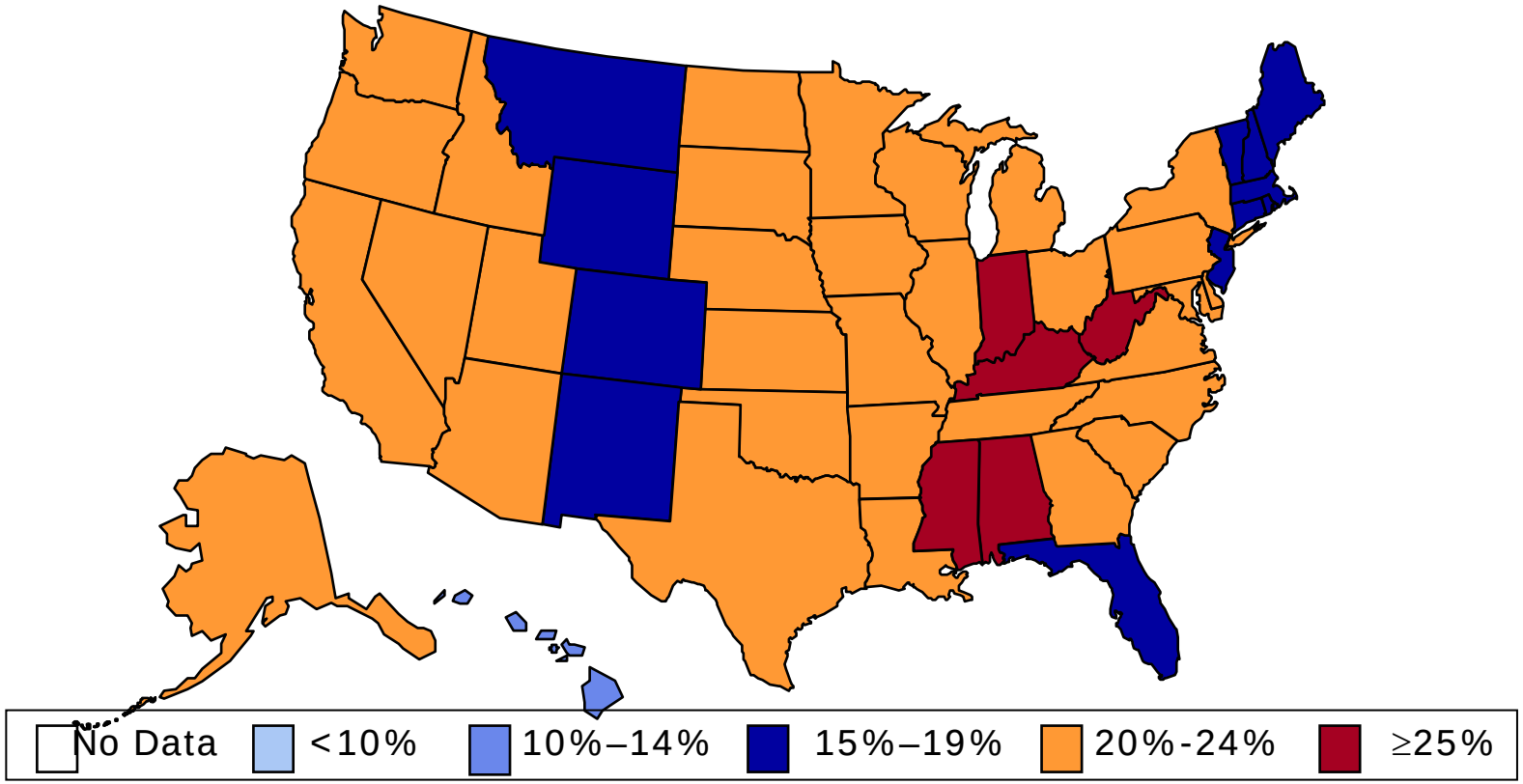
- **Treatment is unclear**
- **Prevention is unclear**
- **Lack of data and impact unknown**
- **Unable to identify at risk population**
- **Expectations of health plan unclear**
- **Return On Investment (ROI) difficult to determine**
- **Physicians barriers**
  - Time
  - Reimbursement
  - Lack of treatment modalities
- **Opportunity for fraud and abuse**

Recent Changes

- **Medicare now calling obesity a condition**
- **USPSTF added recommendations**
- **Recognition of implications by Health Plans**

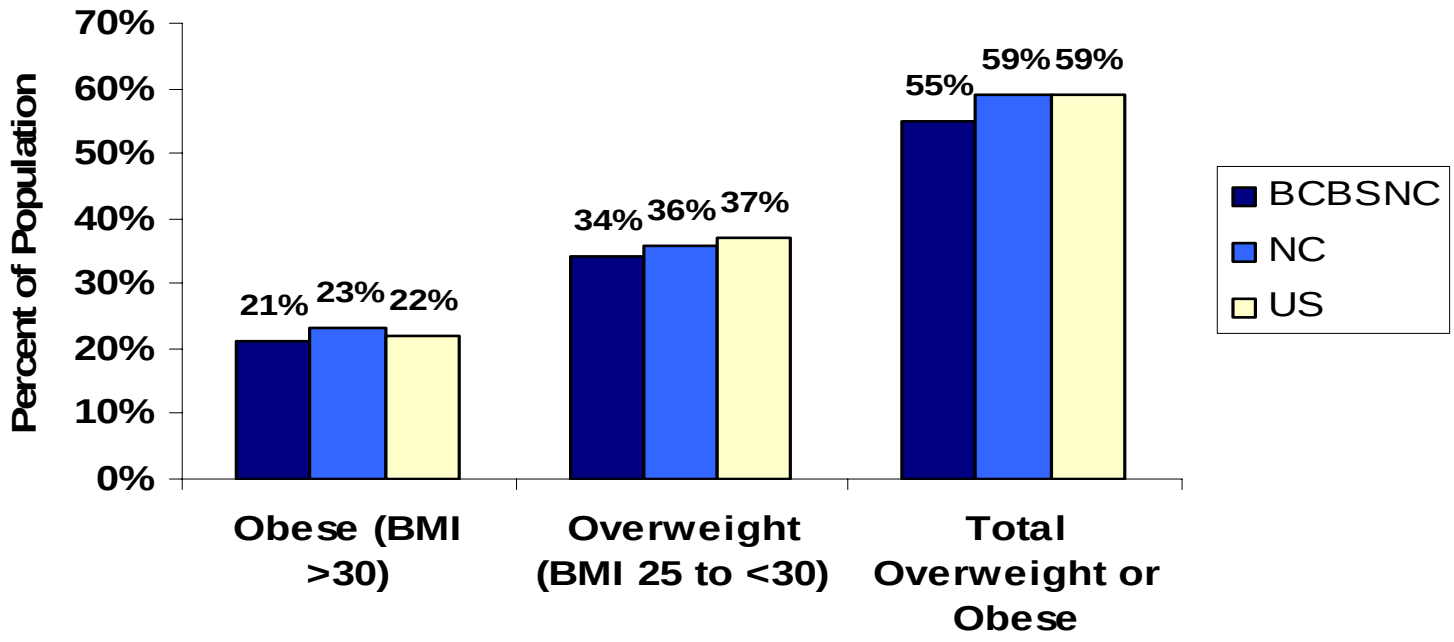
Why did BCBSNC Address Obesity and Overweight?

Obesity Trends Among U.S. Adults
BRFSS, 2003



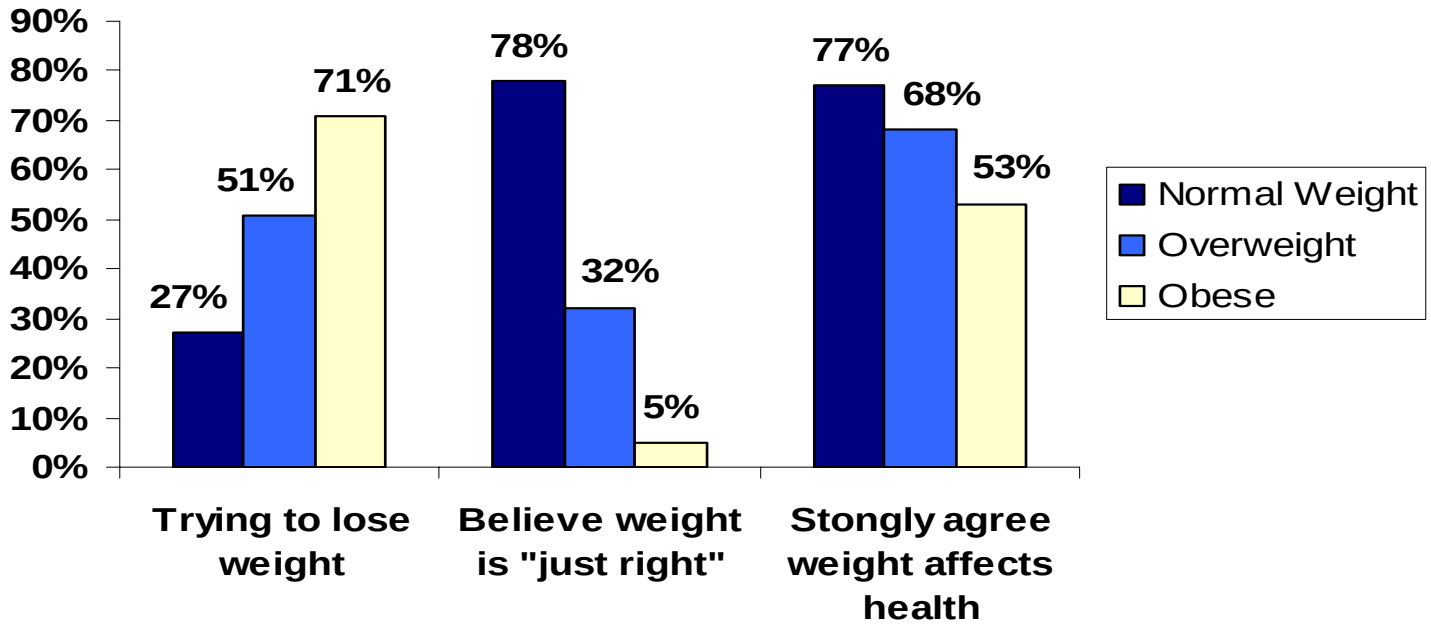
Source: Behavioral Risk Factor Surveillance System, CDC

Prevalence of obesity and overweight among BCBSNC, NC and US adults



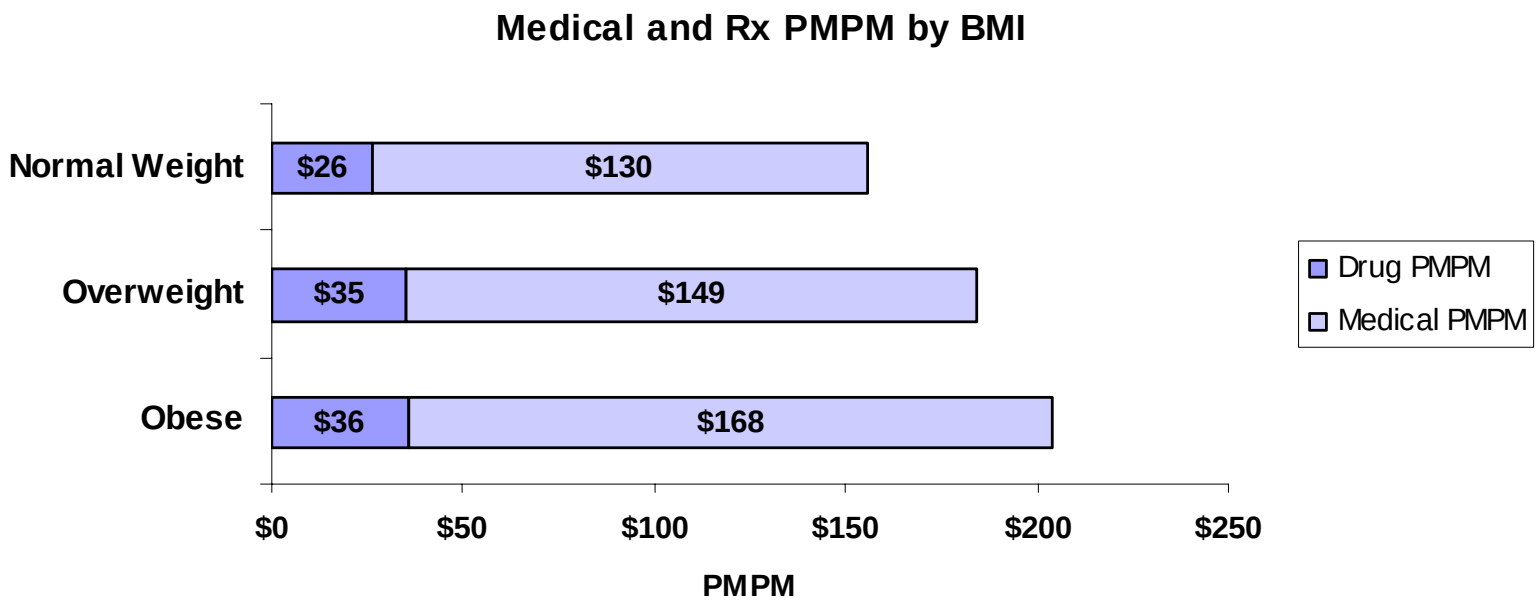
Sources: BCBSNC Member Survey, November 2003 and NC Department of Health and Human Services, August 2003

BCBSNC Member Perceptions About Their Weight



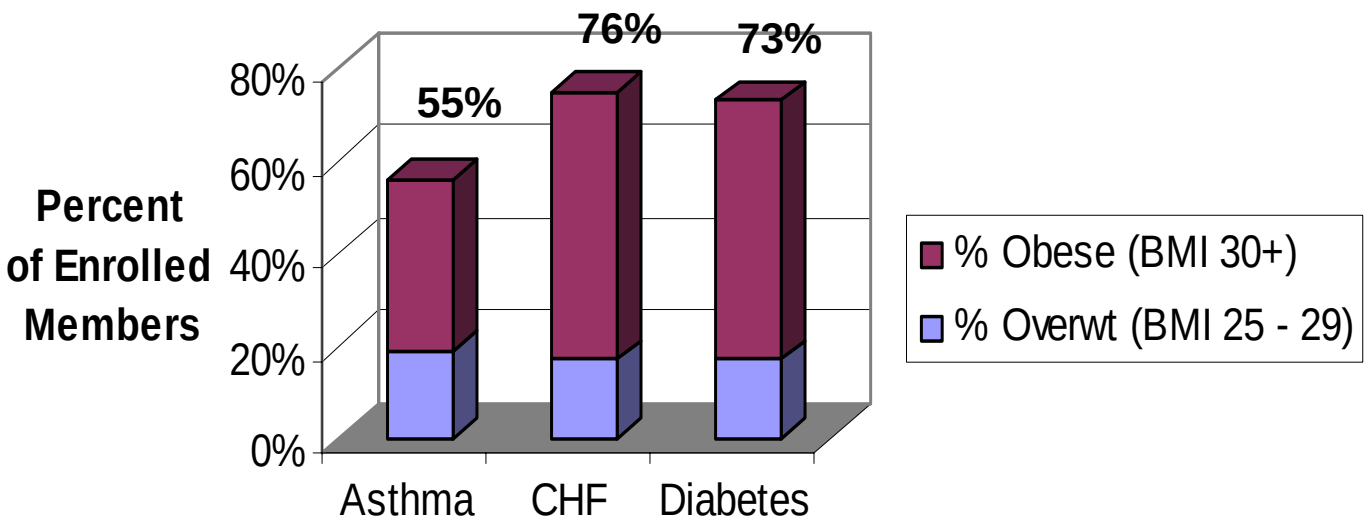
Source: BCBSNC Member Survey, November 2003

Economic Impact of Obesity Among BCBSNC Adult Membership



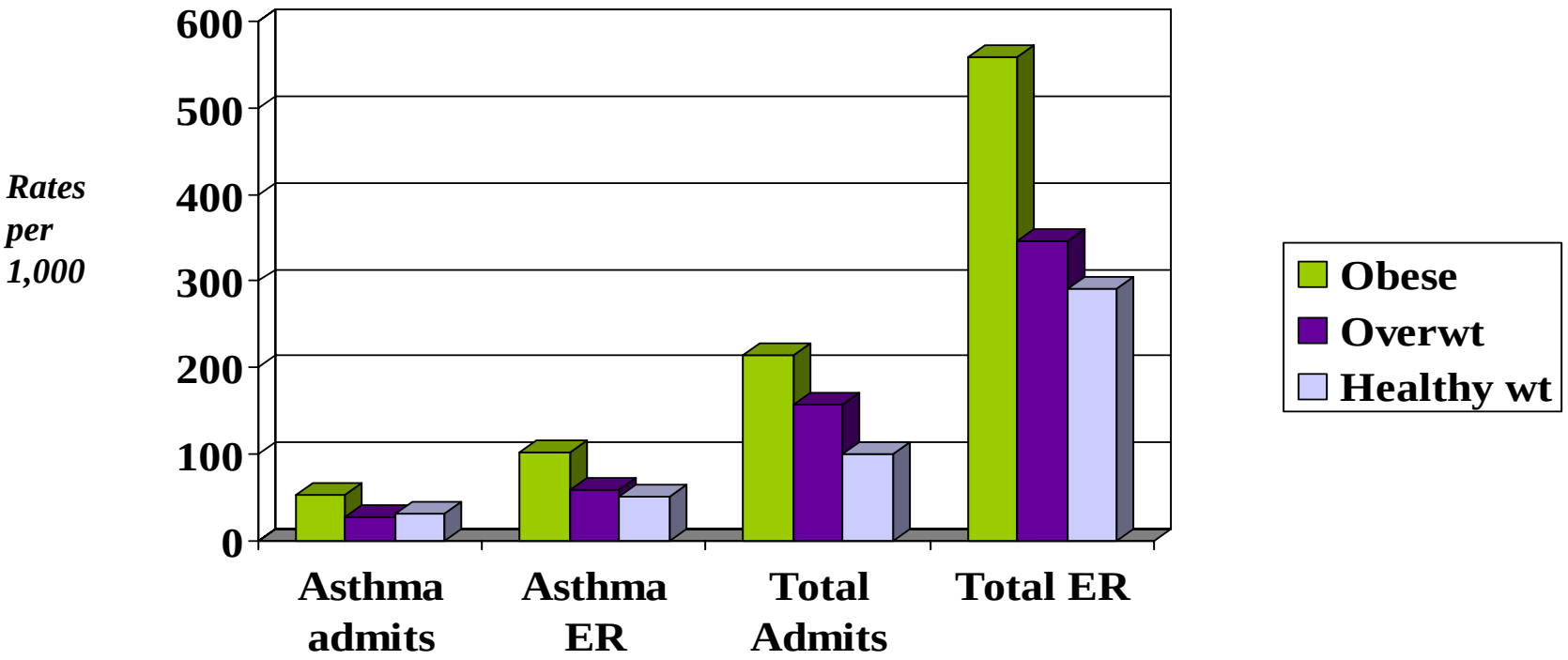
Obese members cost 32% more than normal weight members, overweight members cost 18% more. **Overweight and obesity accounted for $83 million in excess costs to BCBSNC in 2003.**

Rates of Overweight and Obesity Among BCBSNC Members Enrolled in Health Management Programs



2003 Data

Economic Impact for BCBSNC Members with Asthma



Source: *Your Asthma Care* program analysis

Economic Impact of Obesity - Diabetes

Relative Risk of Developing Type II Diabetes

BMI	< 25	25 – 28.9	≥ 30
Men	1.0	2.8	10.4
Women	1.0	4.4	48.9

Source: *Am J Health Promotion 1998*

- In 2002, costs were 3.8 times higher for BCBSNC diabetics
- Lifestyle change reduces the incidence of type II diabetes by 58%
- Over $1,500 saved for each year diabetes onset delayed

Consequences of Childhood and Adolescent Obesity

Common

- Growth
- Psychosocial
- Hyperlipidemia
- Hepatic steatosis
- Abnormal glucose metabolism
- Persistence into adulthood

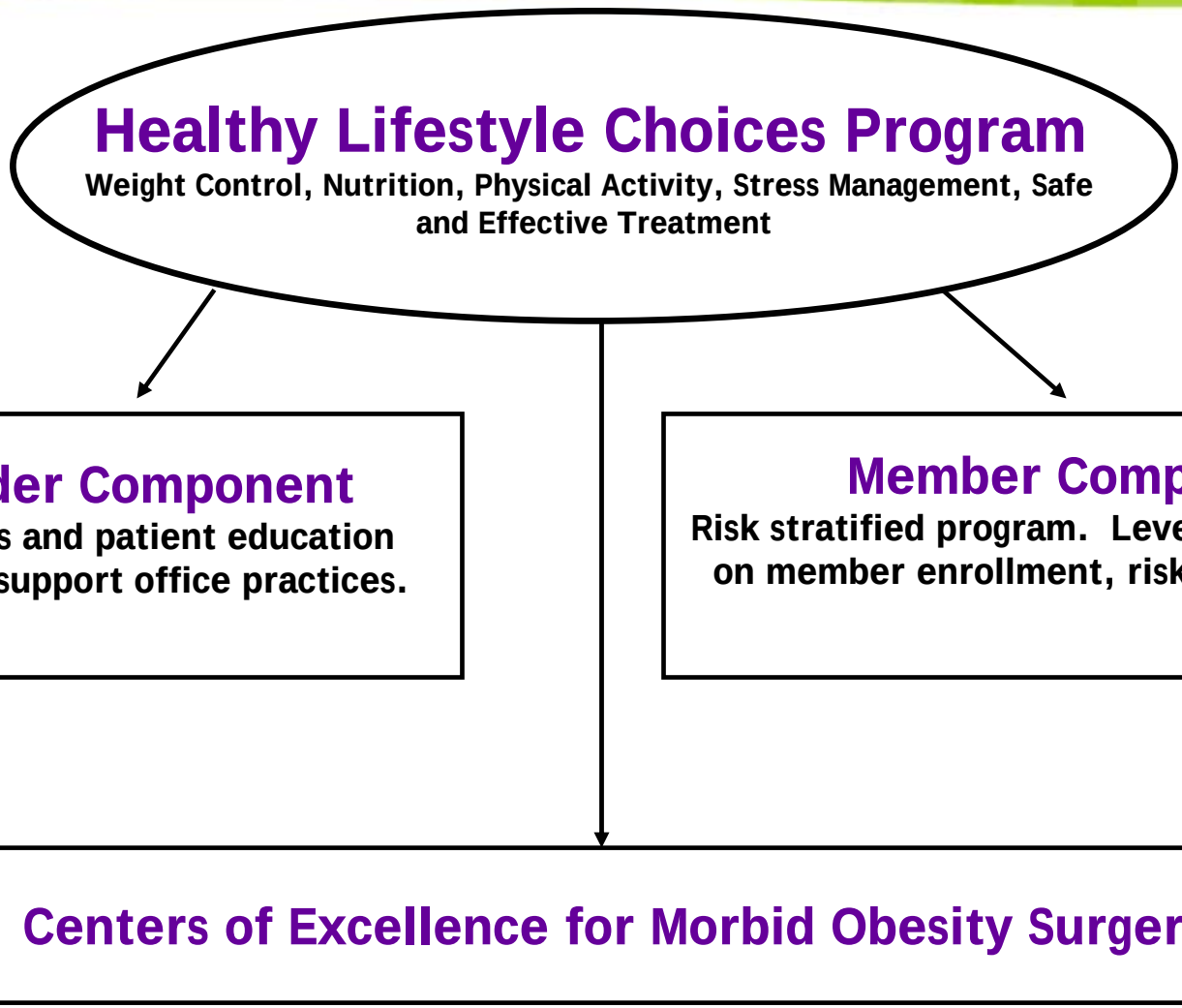
Uncommon

- Hypertension
- Sleep apnea
- Pseudotumor
- PCOD
- Cholelithiasis
- Orthopedic

Impact of Childhood Overweight
(BMI > 95th percentile) on Adult Obesity (BMI > 30)

- **25% obese adults were overweight children**
- **4.9 BMI unit difference in severity**
- **Onset ≤ 8y more severely obese as adults**
  (BMI = 41.7 vs 34.0)
- **CVD risk factors reflect adult BMI**

Freedman et al, Pediatrics 2001; 108: 712


Healthy Lifestyle Choices Program
Weight Control, Nutrition, Physical Activity, Stress Management, Safe and Effective Treatment
Provider Component
Office tools and patient education materials to support office practices.
Member Component
Risk stratified program. Level of benefit based on member enrollment, risk and motivation.
Centers of Excellence for Morbid Obesity Surgery

Healthy Lifestyle Choices – Key Components

- **Four physician office visits and related testing** (Adult and Child)
- **Self-management program** (Adult and Family)
- **FDA approved weight loss medications** (generally not used with children)
- **Credentialing and contracting with registered dieticians** (Adult and children)
- **Centers of Excellence for bariatric surgery**

Physician Office Visits

- **Support physicians in assessment of overweight and obesity**
- **Support physicians in monitoring**
- **Provider toolkits** (Adult and Children)
- **Coverage effective 4/1/05 at group renewal**

Self- Management Component

- Piloted in August 2004
- 30,000 members with weight related risk factors invited
- Ten percent response rate to date
- Self – referral option and incentives to be added in 2005

FDA Approved Weight Loss Drugs

- **Weight loss medications approved for long – term use**
- **Prior authorization criteria:**
  - BMI $\geq$ 30 OR BMI $\geq$ 27 with cardiovascular risk factors
  - Patient is actively participating in an established weight management program
- **Coverage effective 10/01/05 at group renewal**

Credentialing Dieticians

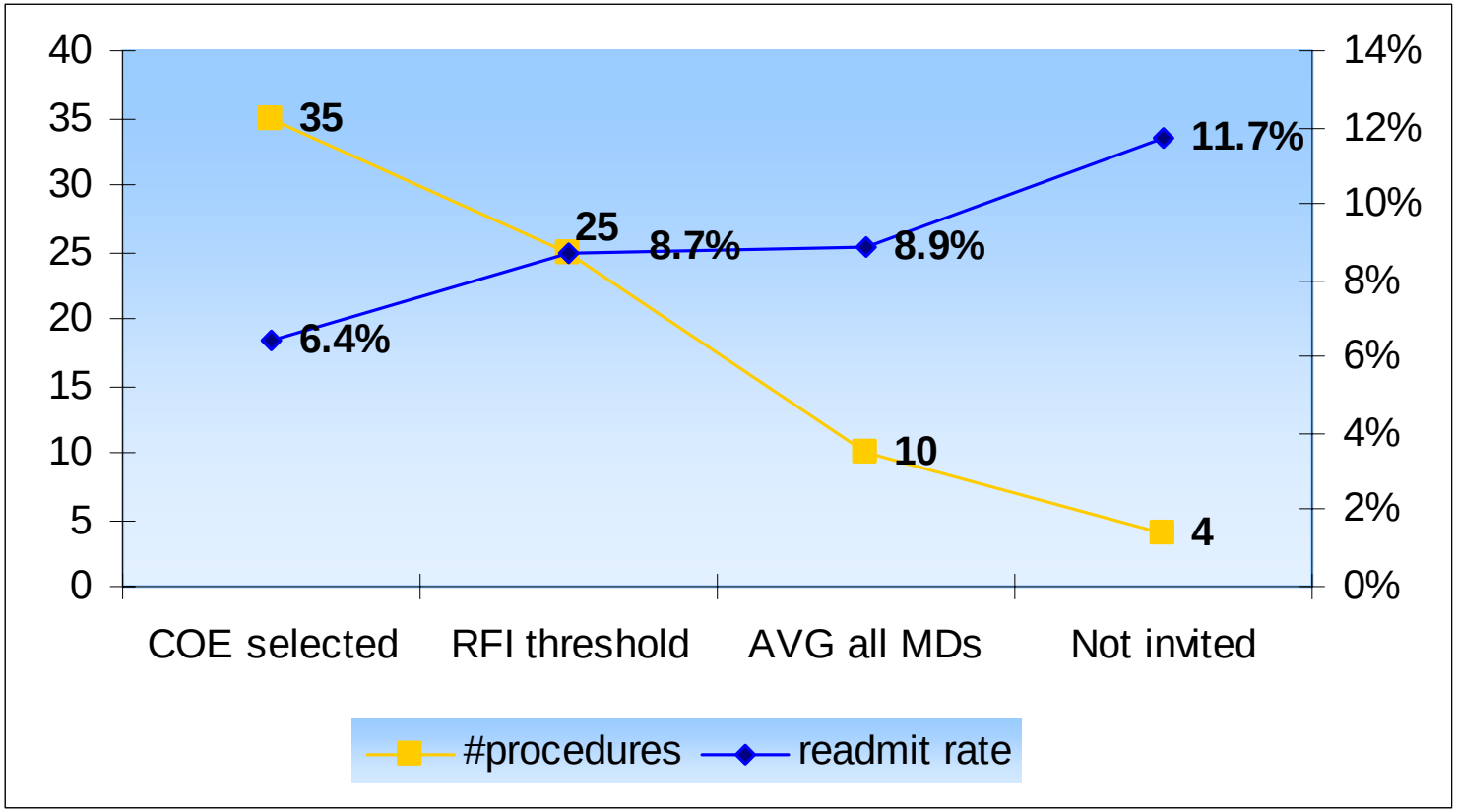
- Over 700 clinical and private practice RD's in NC
- Cover nutritional counseling for weight management and other chronic illnesses
- Patient's will be required to be participating in a BCBSNC program
- Effective 10/01/05 at group renewal

Centers of Excellence – Why?

To improve the quality, cost and appropriateness of bariatric procedures being performed.

- **Difficulty obtaining adequate PA information**
- **Complication and re-operation rates**
- **Escalating costs**
- **Media attention (positive and negative outcomes)**
- **Withdrawal of coverage by several insurers**

Readmit Rates
COE vs. All MDs



Opportunities

- **Best Practice models**
- **Provider training and support**
- **Preventive screening recommendation changes**
- **Proceed with caution**

Questions