

Advancing Obesity Care

Considerations for Health Systems

Approaches for developing an obesity care pathway

Created by Novo Nordisk, leveraging internal Novo Nordisk insights and using the American Medical Group Association (AMGA) Obesity Care Model Playbook, Wisconsin Collaborative for Healthcare Quality (WCHQ) tools, and the Plan-Do-Study-Act (PDSA) method from the Agency for Healthcare Research and Quality.



Establish an obesity care steering committee

- Connect your obesity champions with health care providers impacted by obesity to form a multidisciplinary team (MDT) that will drive the development and implementation of the pathway

Review current evidence-based obesity guidelines

- Research articles and best practices related to obesity care and treatment pathways. Refer to obesity guidelines and recommendations from AHA/ACC/TOS, AACE/ACE, and/or OMA

Assess the current state of obesity care within the system

- Evaluate existing resources, capabilities, and practices related to obesity specialty and medical weight-management groups



Map the obesity care pathway

- Create a flowchart or diagram that includes key decision points, assessments, interventions (lifestyle, pharmacotherapy, and bariatric surgery), referrals, and follow-up steps



Confirm access to anti-obesity medications (AOM) for employees

- Identify and engage Employee Benefits Administration
- Search CoCs/SPDs for any exclusions specific to weight-loss medications and assess AOM formulary status on PDLs



If AOM access is present

- Work with human resources and benefits leadership to promote appropriate inclusion of AOMs within obesity care pathway and communicate benefits to employees via employee benefit guides, benefit information sessions, online portals/intranets, and newsletters

If AOM access is not present

- Collaborate with EBCs and PBMs to evaluate adding AOMs, including an actuarial analysis of net costs

Mapping an obesity care pathway



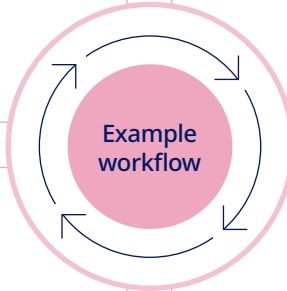
Refine care pathway using dashboard analytics to decrease unwarranted variation and **promote standardization** of evidenced-based obesity care. Identify additional providers to include as part of the weight-management MDT

ACT



Establish criteria for patient identification and screening, using current guidelines

PLAN



Example obesity treatment approach^{1,2}

Treatment	BMI Category (kg/m ²)				
	25-26.9	27-29.9	30-34.9	35-39.9	≥40
Diet, physical activity, and behavior therapy	Yes, with comorbidities	Yes	Yes	Yes	Yes
Pharmacotherapy		Yes, with comorbidities	Yes	Yes	Yes
Surgery				Yes, with comorbidities	Yes

Healthy eating, physical activity, and behavioral therapy should be continued throughout the treatment of obesity.

STUDY

Monitor **obesity pathway effectiveness** through dashboard metrics:

1. Patients with an obesity diagnosis
2. Patient referral and follow-up rates
3. Patients receiving behavioral, pharmacological, or surgical interventions
4. Patient weight trajectory (gain/loss) and comorbidity status

DO

Employ **pathway assessment** protocols, such as CMS's 5As, and use a defined treatment approach to connect patients with available weight-management interventions across the system



AMGA case studies³ have shown that pilot programs:

Increase diagnosis rate **UP TO 36%***

Lead to **25% of patients reducing their BMI** at least 1 class[†]

5As, Ask, Assess, Advise, Agree, Assist; CMS, Centers for Medicare & Medicaid Services.

*AMGA case study of Utica Park Clinic (UPC) identified 68,510 patients between 2017 and 2019 to capture obesity rates and found that their pilot program increased the diagnosis rate up to 36%.

†AMGA case study of Mercy Clinic East identified 10,298 patients between 2018 and 2019 to capture weight-loss outcomes and found that their pilot program had 25% of their patients with obesity reduce their BMI at least 1 class.

Sources: 1. Garvey WT, Mechanick JJ, Brett EM; and Reviewers of the AACE/ACE Obesity Clinical Practice Guidelines. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract.* 2016;22(suppl 3):1-203. 2. Jensen MD, Ryan DH, Apovian CM, et al; American College of Cardiology/American Heart Association Task Force on Practice Guidelines; The Obesity Society. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation.* 2014;129(25 suppl 2):S102-S138. 3. AMGA Obesity Care Model Collaborative: Case Studies 2011-2012.