Rethinking How Employers Can Support the Obesity Patient Journey

PROPEL Study Overview from PCORI

December 9, 2pm ET

National Alliance of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Webinar Agenda

- Welcome/Introduction – Neil Goldfarb
- PCORI Update – Rachel Mosbacher
- Peter Katzmarzyk, MD – Featured PCORI-funded Study
- Ava Zebrick| Patient Advocate – Advisor to PCORI-funded Study
- Brief Comments from PCORI Study Team focused on Bariatric Surgery Effectiveness
- Questions/Discussion – led by Neil Goldfarb
- Questions from the Audience
- Pop up Survey
- Thank you

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of Healthcare Purchaser Coalitions
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Welcome | Introduction

Neil Goldfarb
Greater Philadelphia Business Coalition on Health

Rachel Mosbacher, MPA
Senior Program Officer, Engagement Awards
PCORI

National Alliance
of Healthcare Purchaser Coalitions
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PCORI/ CER Principal Investigator

Ava J. Zebrick
Ochsner Medical Center
PCORI Patient Advocate Advisor

Peter T. Katzmarzyk, PhD
Pennington Biomedical
Research Center; PCORI Principal Investigator

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Weight Loss in Underserved Patients in Primary Care Settings

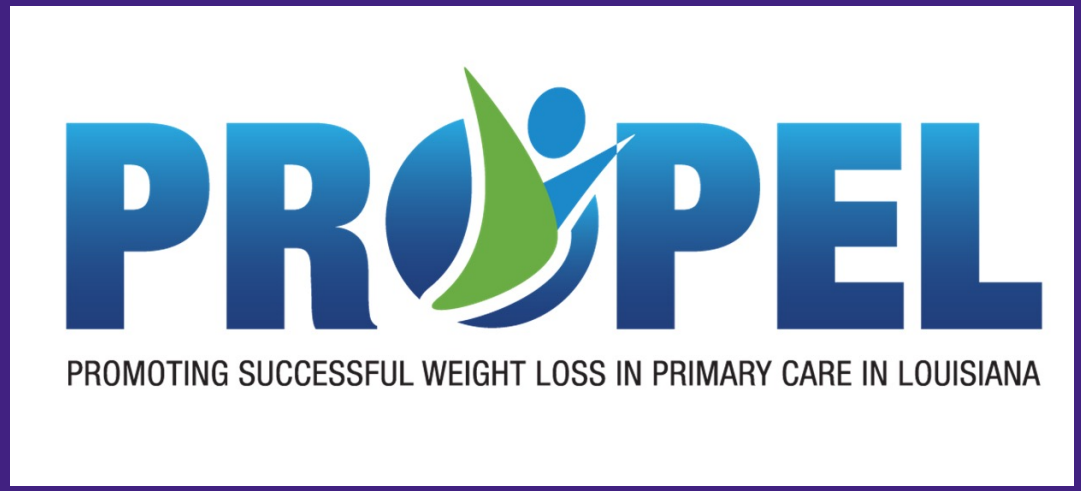
Peter T. Katzmarzyk, PhD, FTOS, FAHA, FACSM
Pennington Biomedical Research Center, Baton Rouge, LA

Pennington Biomedical Research Center
Louisiana State University

Background

- Obesity affects ~ 42% of US adults[1]
- The economic costs of obesity in the US are estimated to be $1.4 trillion, or 6.8% of GDP[2]

[1] Hales et al. *NCHS Data Brief* 2020;360:1-8;
[2]Milken Institute. Weighing Down America, 2020.

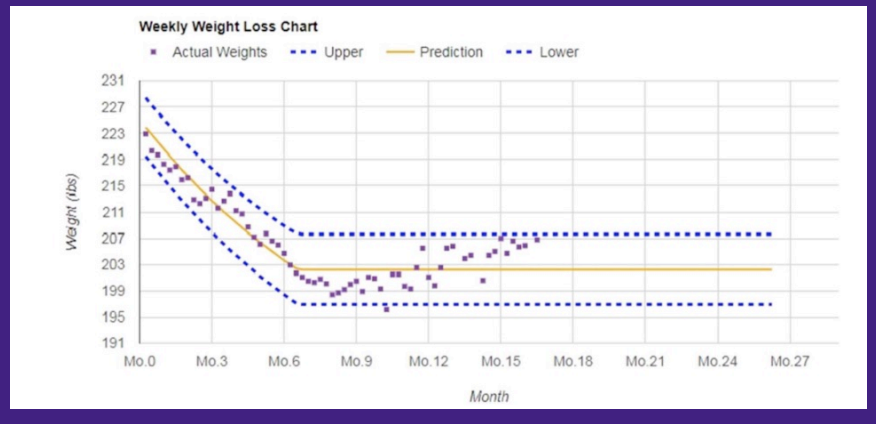


The **primary aim** of this trial was to develop and test the effectiveness of a 24-month, patient-centered, pragmatic and scalable obesity treatment program delivered within primary care, inclusive of an underserved population.

Intensive Lifestyle Intervention (ILI)

- Patients received weekly counselling sessions (16 in-person/6 telephone) in the first 6 months, followed by monthly sessions (alternating in-person/telephone) for the remaining 18 months.

- All sessions were delivered by health coaches embedded in the primary care clinics.



Usual Care (UC) Group

- Patients received routine care from their primary care team throughout the trial
- Patients received 6 newsletters covering health-related topics and community resources

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Weight Loss in Underserved Patients — A Cluster-Randomized Trial

Peter T. Katzmarzyk, Ph.D., Corby K. Martin, Ph.D., Robert L. Newton, Jr., Ph.D., John W. Apolzan, Ph.D., Connie L. Arnold, Ph.D., Terry C. Davis, Ph.D., Eboni G. Price-Haywood, M.D., Kara D. Denstel, M.P.H., Emily F. Mire, M.S., Tina K. Thethi, M.D., Phillip J. Brantley, Ph.D., William D. Johnson, Ph.D., Vivian Fonseca, M.D., Jonathan Gugel, M.D., Kathleen B. Kennedy, Ph.D., Carl J. Lavie, M.D., Daniel F. Sarpong, Ph.D., and Benjamin Springgate, M.D.

Patient Characteristics

N = 803

Age:	49.4 y (20 to 74 y)
BMI:	37.2 kg/m^2 (29 to 49.5 kg/m^2)
% African American:	67.2%
% Income Below $20,000:	41.2%
% Low Health Literacy (≤8th grade):	30.8%
% Food Insecure:	30.8%

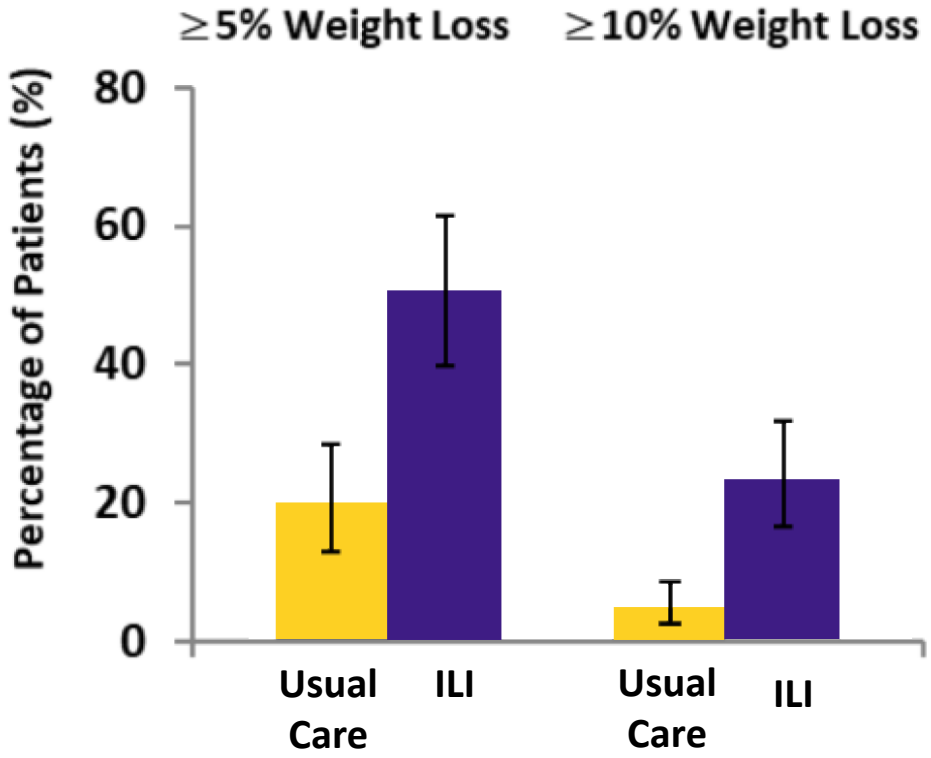
Katzmarzyk et al. *N Engl J Med*. 2020;383:909-18.

Weight Loss Outcomes

Variable	UC	ILI	Difference
Change in Body Weight (%)			
At 6 months	-0.47 (-1.40, 0.46)	-7.34 (-8.23, -6.45)	-6.86 (-8.05, -5.68)
At 12 months	-0.59 (-1.61, 0.43)	-6.75 (-7.72, -5.78)	-6.16 (-7.47, -4.85)
At 18 months	-0.40 (-1.44, 0.64)	-5.62 (-6.61, -4.63)	-5.22 (-6.57, -3.88)
At 24 months	-0.48 (-1.57, 0.61)	-4.99 (-6.02, -3.96)	-4.51 (-5.93, -3.10)
Change in Body Weight (kg)			
At 6 months	-0.83 (-1.82, 0.17)	-7.81 (-8.77, -6.85)	-6.98 (-8.26, -5.71)
At 12 months	-0.99 (-2.08, 0.09)	-7.22 (-8.25, -6.19)	-6.23 (-7.63, -4.83)
At 18 months	-0.82 (-1.92, 0.29)	-6.07 (-7.12, -5.02)	-5.26 (-6.69, -3.82)
At 24 months	-0.91 (-2.07, 0.24)	-5.43 (-6.52, -4.34)	-4.51 (-6.01, -3.02)
Change in Waist Circumference (cm)			
At 6 months	-0.99 (-1.93, -0.05)	-6.84 (-7.75, -5.93)	-5.85 (-7.04, -4.66)
At 12 months	-0.68 (-1.70, 0.33)	-6.63 (-7.61, -5.66)	-5.95 (-7.25, -4.65)
At 18 months	0.21 (-0.82, 1.24)	-5.33 (-6.32, -4.34)	-5.54 (-6.86, -4.22)
At 24 months	0.71 (-0.35, 1.78)	-4.42 (-5.44, -3.41)	-5.13 (-6.50, -3.77)

Katzmarzyk et al. *N Engl J Med*. 2020;383:909-18.

Percentage of Patients Achieving ≥5% and ≥10% Weight Loss



At 24 Months:

5% Weight Loss: 50.7% vs 19.6%

10% Weight Loss: 23.3% vs 4.7%

Katzmarzyk et al. *N Engl J Med*. 2020;383:909-18.

Patient-Reported Outcomes

Variable	UC	ILI	Difference
Change in Weight-related Quality of Life (IWQOL-L Total Score)			
At 6 months	3.02 (1.14, 4.90)	10.55 (8.69, 12.41)	7.53 (5.18, 9.88)
At 12 months	3.56 (1.61, 5.50)	11.14 (9.23, 13.06)	7.59 (5.15, 10.03)
At 24 months	4.36 (2.34, 6.39)	11.02 (9.04, 13.00)	6.66 (4.10, 9.21)
Change in IWQOL-L Physical Function			
At 6 months	2.71 (-0.03, 5.45)	13.35 (10.70, 16.00)	10.64 (7.17, 14.10)
At 12 months	3.20 (0.44, 5.96)	13.59 (10.92, 16.27)	10.39 (6.89, 13.89)
At 24 months	4.11 (1.24, 6.97)	12.31 (9.55, 15.06)	8.20 (4.56, 11.84)
Change in IWQOL-L Self Esteem			
At 6 months	4.69 (2.20, 7.17)	12.20 (9.67, 14.72)	7.51 (4.44, 10.58)
At 12 months	5.86 (3.21, 8.50)	13.74 (11.07, 16.40)	7.88 (4.57, 11.19)
At 24 months	7.62 (4.88, 10.36)	14.39 (11.66, 17.12)	6.77 (3.32, 10.21)

Katzmarzyk et al. *N Engl J Med*. 2020;383:909-18.

Patient-Reported Outcomes

Variable	UC	ILI	Difference
Change in IWQOL-L Sexual Life			
At 6 months	2.02 (-1.05, 5.08)	12.19 (9.05, 15.33)	10.18 (6.37, 13.98)
At 12 months	3.19 (0.12, 6.27)	12.20 (9.04, 15.36)	9.01 (5.18, 12.84)
At 24 months	4.49 (1.18, 7.80)	14.32 (11.00, 17.65)	9.83 (5.68, 13.99)
Change in IWQOL-L Public Distress			
At 6 months	2.42 (-0.12, 4.96)	4.76 (2.29, 7.22)	2.33 (-0.88, 5.54)
At 12 months	2.39 (-0.19, 4.96)	5.95 (3.46, 8.44)	3.56 (0.31, 6.82)
At 24 months	2.41 (-0.20, 5.02)	5.38 (2.86, 7.89)	2.97 (-0.34, 6.27)
Change in IWQOL-L Work/Daily Activity			
At 6 months	2.69 (0.57, 4.82)	5.41 (3.29, 7.53)	2.72 (0.07, 5.37)
At 12 months	1.83 (-0.38, 4.03)	5.67 (3.48, 7.86)	3.84 (1.08, 6.60)
At 24 months	1.47 (-0.83, 3.76)	5.48 (3.22, 7.75)	4.02 (1.12, 6.91)

Katzmarzyk et al. *N Engl J Med*. 2020;383:909-18.

Relevance to Employers

- The annual costs of having obesity are approximately $4,879 for a woman and $2,646 for a man[1]
- Obesity-attributable absenteeism among American workers costs the nation an estimated $8.65 billion per year (2012), or 7-12% of total absenteeism costs[2]

[1]https://www.hsph.harvard.edu/obesity-prevention-source/snapshot-of-obesity-related-costs/; [2]Andreyeva et al. *J Occup Environ Med* 2012.

Integration into Care

- The AHA/ACC/TOS Obesity Guidelines are emphatic that intensive behavioral intervention is the cornerstone of weight loss
- This approach should be balanced with other approaches such as bariatric surgery and pharmacotherapy based on the patient
- More work is need to integrate these approaches into primary care and other heath care settings

Conclusions

- Obesity is a significant public health concern, especially in underserved populations.
- Clinically significant weight loss in possible among low-income primary care patients using a high-intensity, culturally adapted intervention.
- Bring the intervention to “where” it is needed, taking into account patient preferences, attitudes, socioeconomic status, health literacy and culture.

Acknowledgements

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Willie White III (David Raines CHCs)
Michael G. Griffith (Daughters of Charity)
Robert Post (Daughters of Charity)

PROPEL Investigators
Corby Martin
John Apolzan
Robert Newton, Jr.
William Johnson
Phil Brantley
Tina Thethi (Tulane)
Vivian Fonseca (Tulane)
Jonathon Gugel (Tulane)
Eboni Price-Haywood (Ochsner)
Chip Lavie (Ochsner)
Terry Davis (LSUHSC-S)
Connie Arnold (LSUHSC-S)
Ben Springgate (LSUHSC-NO)
Kathleen Kennedy (Xavier)
Daniel Sarpong (Xavier)

PROPEL Staff
Allison Davis
Lindsay Hall
Taylor Ayers
Karissa Neubig
Kelly Lynch
Stephanie Authement
Shiquita Brooks
Kevin Sanders
Leslie Forest
Cristalyn Reynolds
Angelle Graham
Danielle Burrell
Jill Hancock
Tabitha Gray
Hillary Young
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Brittany Neyland
Brittany Molinere
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Support for Obesity Patients

By Ava J. Zebrick, MSHCM

Why I'm here

PROPEL

PROMOTING SUCCESSFUL WEIGHT LOSS IN PRIMARY CARE IN LOUISIANA

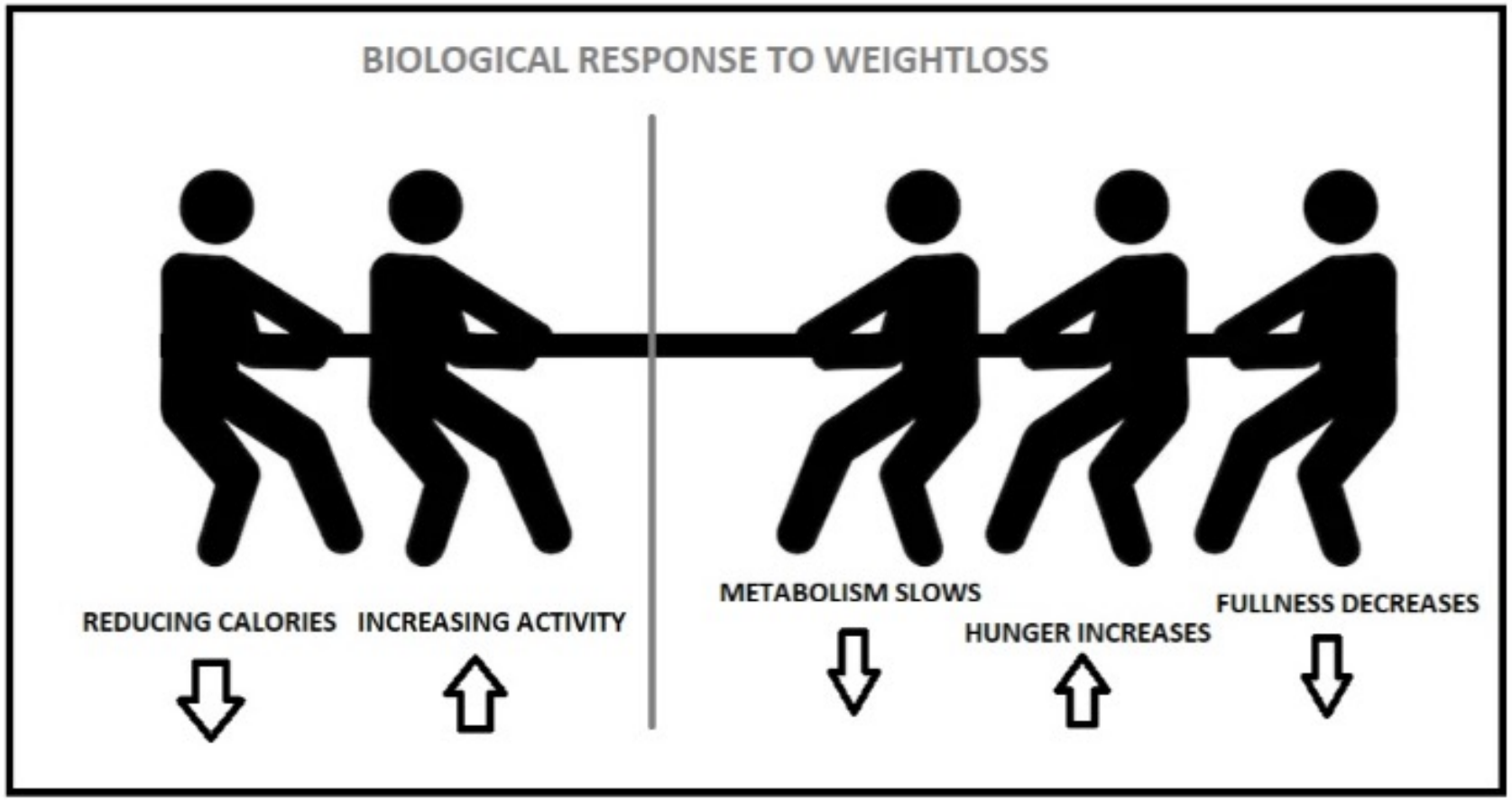
Start with "Who" and "What"

What is obesity?

What is Obesity & Severe Obesity?

Obesity is a treatable disease that is a worldwide health concern associated with having an excess amount of body fat. It is caused by genetic and environmental factors and can be difficult to control through dieting alone. Obesity is diagnosed by a healthcare provider and is classified as having a body mass index (BMI) of 30 or greater. Nearly 40 percent of Americans have obesity.

Obesity Tug-of-war



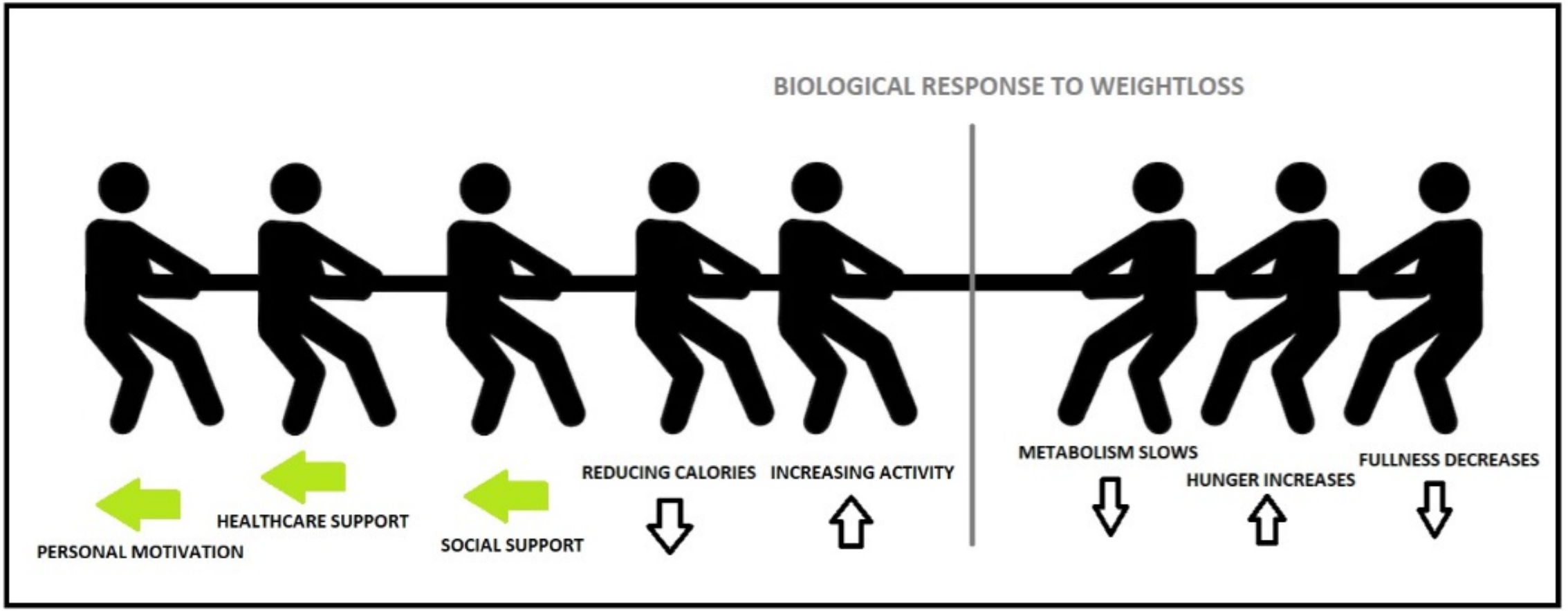
Changing the dialogue

Self-Talk Without Understanding *What* Obesity Is	**With the Knowledge & Understanding**
I am obese.	I am a person who is affected by obesity.
It is my fault. I did this to myself.	Obesity is a complex disease with genetic, environmental, and behavioral causes.
My weight is solely my responsibility.	Obesity is a chronic disease with biological processes that make it resistant to treatment and that *contribute to relapse.*
Weight loss or gain is determined by choices and willpower. If I fail to make enough changes and control my weight, it is my personal failure.	My weight matters for my health, and I need help from healthcare professionals who understand the disease of obesity in order to treat it and help me manage my weight.
I know how to lose weight. I have done it before. This time I didn't do the right and I didn't do enough. I knew better, and I should feel ashamed.	Obesity is complex, everybody's body is different, and every person is complicated. Managing weight is not simple, and it's difficult. The more information, support, and "tools in the toolbox" I have, the better.

Obesity Tug-of-war

As patients, when we understand obesity, we are more likely to:

- Feel relief from internalized bias
- Reach out for resources and support
- Engage and partner with our healthcare team

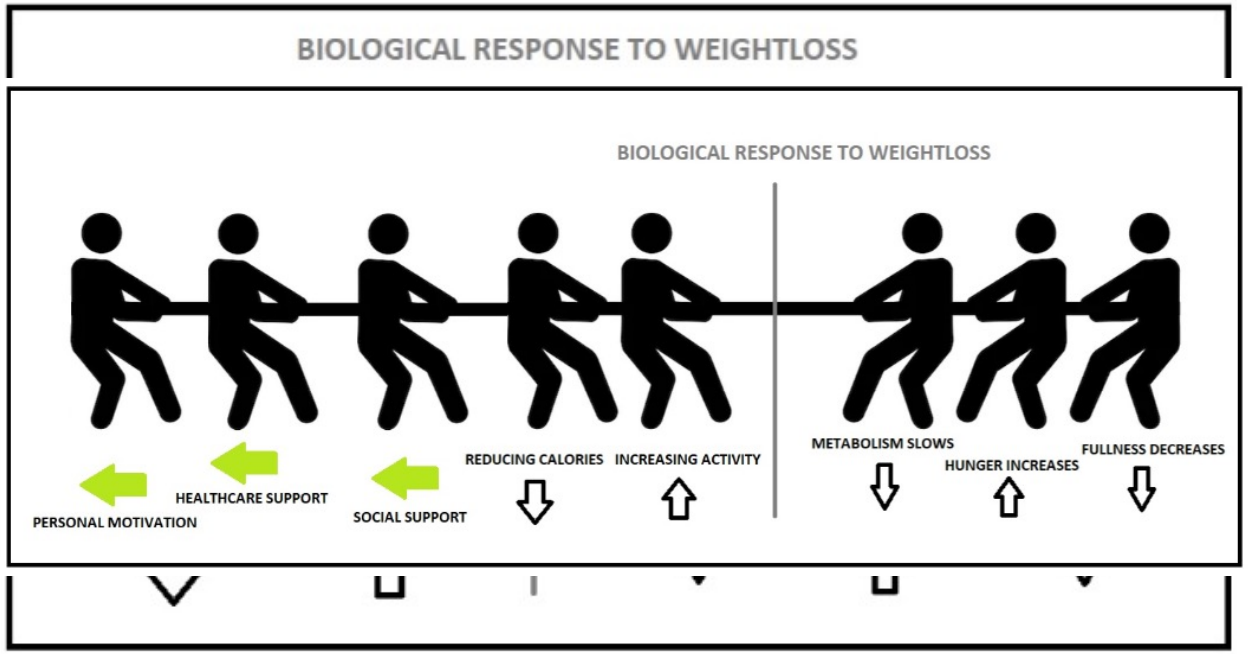


Healthcare Support

- **Intensive Behavioral Therapy** for obesity by professionals who understand the disease and are appropriately trained
- **Covered visits** with Board Certified Obesity Medicine Specialists (MDs)
- Coverage for FDA approved **anti-obesity pharmacotherapy**
- **Affordable and comprehensive metabolic surgery program** per guidelines of the American Medical Association (AMA), American Board of Obesity Medicine (ABOM), and American Society for Metabolic and Bariatric Surgery (ASMBS)
  - Not limited to 1 lifetime procedure
  - No conditional half-year waiting period
  - No requirement of "successful" weight loss prior to approval

Employer Sponsored Social Support

- Education about weight bias in the workplace
- Corporate Wellness*
  - Specialist led support groups
  - Peer led support groups



Going forward

Ava Zebrick, MSHCM
ajzebrick@gmail.com

Special Guests – PCORI Researchers – Comments/Reactions

David E. Arterburn, MD, MPH
Senior Investigator,
Kaiser Permanente Washington
Health Research Institute

Neely A. Williams, M.Div., Ed.D
Director of Community Engagement
TN CEAL

Kathleen McTigue, MD, MPH
Associate Professor of Medicine &
Clinical and Translational Science

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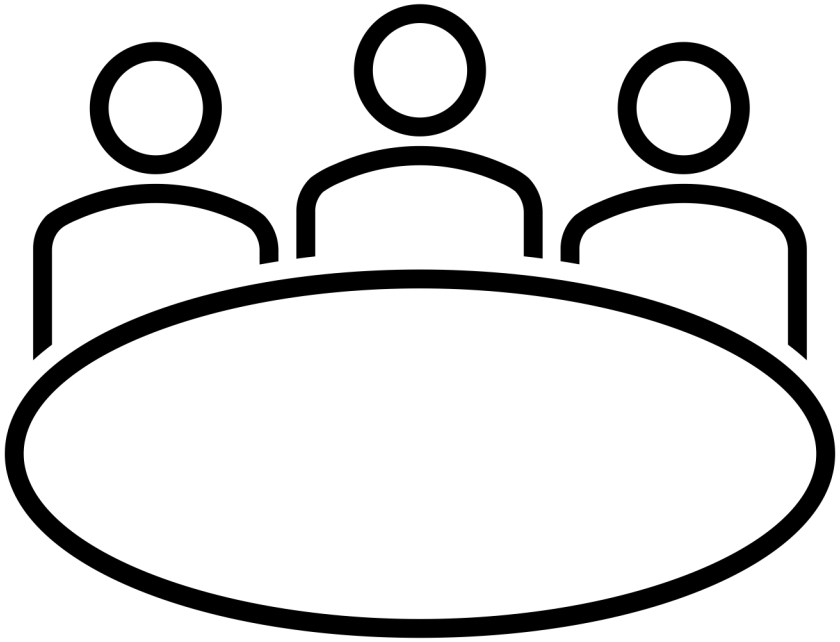
Discussion led by Neil Goldfarb / Questions from the Attendees.



Please add your questions to the Q&A box

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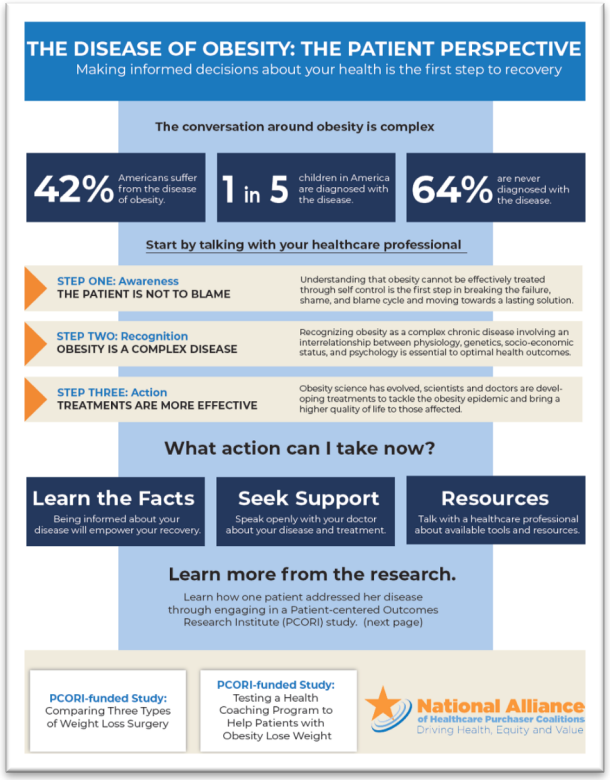
Resources

[Novo Nordisk Rethink Obesity®]
[PCORI PROPEL Study]
[PCORI Obesity Surgery study]
[GPBCH: Prescription Weight Loss Therapies]
[The New Science of Obesity, National Alliance]
[STOP Mental Health, Obesity, and Racial Disparities]
[STOP Mental Health Fact Sheet]
[Link Between Obesity and Mental Health]
[Parity Infographic]



Infographic for Employees (Patients)

Action Brief for Employers (coming soon)

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Thank you and Popup Survey

A survey will appear in your web browser after the Webinar.
You could complete it immediately or a survey link will be sent to your email.
Completed survey responses must be in by 12 PM ET on December 13.

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