

A Comprehensive Obesity Benefit as a Guide for Employers on the Core Components of Obesity Care: Guidance From the American College of Occupational and Environmental Medicine (ACOEM) Roundtable on Obesity

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Objective: The need to confront the obesity epidemic and its impact on employers requires a serious look at how we address the treatment of obesity. This article focuses on the core components of obesity care and the need for employers to offer a comprehensive obesity benefit (COB) as part of employee insurance coverage. **Methods:** In May 2022, the American College of Occupational and Environmental Medicine convened a roundtable meeting, which brought together five corporate medical directors and representatives from aerospace/defense and energy industries to learn about the disease of obesity and provide clinical insights regarding health and safety in their respective industries. The goals of the program were to provide awareness of benefits for the treatment of obesity and identify the feasibility for employers of implementing a COB for their employees. Participants learned how a comprehensive approach to covering obesity treatments is necessary, and what benefits should be offered to employees. **Results:** Participants were invited to review the insurance benefits they currently offer to employees and compare them to the COB. Outcomes were limited by a lack of participation by the employers invited to participate. Participants identified actions that need to be addressed for employers to develop a more comprehensive approach to obesity care. **Conclusion:** Implementing a COB can help employers increase access and utilization of comprehensive obesity care by employees.

Keywords: obesity, treatment, coverage, benefits, employers, wellness

Obesity is a serious and costly disease with a prevalence of 42.4% among adults in the

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United States (US).¹ While genetics can play a major role in susceptibility to obesity, the environment in which we live is obesogenic; diet, movement, and psychosocial influencers within our environment act upon our genes to store energy. Obesity is associated with numerous health risks including prediabetes mellitus, diabetes mellitus, coronary heart disease, depression, hypertension, high cholesterol, sleep apnea and respiratory problems, stroke, gallbladder disease, osteoarthritis, some cancers (endometrial, breast, colon, kidney, esophagus, gallbladder, pancreas, and liver), and metabolic syndrome.² More recently, people with obesity had an increase in the risk of severe illness from COVID-19, tripling their risk of hospitalization.³ One study of COVID-19 cases suggested that risks of hospitalization, intensive care unit admission, invasive mechanical ventilation, and death are higher with increasing body mass index (BMI).⁴

Obesity also may limit job performance. In addition to its effects on worker health and safety, several studies have measured the impact of obesity on employer healthcare expenditures.⁵⁻⁷ Researchers have demonstrated the association of increased BMI with absenteeism, presenteeism, and workers' compensation costs related to injuries and illnesses. For example, obesity is associated with a significant increase in absenteeism among US workers, costing an estimated \$8.65 billion per year, accounting for 6.5% to 12.6% of total costs of absenteeism in the workplace.⁷

The costs of obesity among employees are immense and the responsibility for managing it is increasingly falling to employers. To have a healthy company, employers need to understand how to manage and treat obesity among their employees and include in their health plans evidence-based programs prioritizing obesity treatment, while continuing to support prevention strategies. Health insurance plans have taken a variety of approaches in determining what and how obesity treatment services are covered for their members. The lack of consistent coverage is a barrier to needed care for many US adults with obesity.

THE NEED FOR A COMPREHENSIVE OBESITY BENEFIT

The need to confront obesity and its impact on employers calls for a serious look

at how insurance coverage of obesity treatment is addressed. Although obesity imposes an enormous burden on the US healthcare system and economy, the present availability of coverage for obesity care is piecemeal. This fragmented healthcare system makes it difficult to know what care is available and how much it costs. Without guidance on how to operationalize evidence-based behavioral, nutritional, pharmacological, and surgical obesity treatment modalities as health benefits, healthcare plans have taken vastly different approaches in determining what and how obesity treatment services are covered for their members. Healthcare providers frequently cite inconsistent and/or inadequate reimbursement for obesity-related services as a barrier to delivering appropriate care. To complicate matters, data on what obesity treatment services are covered for whom, where care should be delivered, which providers are eligible to deliver care, and how obesity care should be delivered (e.g., amount, scope, duration) is spread across various administrative plan documents and sources.

The Roundtable Sponsors

In May 2022, the American College of Occupational and Environmental Medicine (ACOEM), in cooperation with the STOP Obesity Alliance (STOP), convened a roundtable meeting, which brought together five corporate medical directors and representatives from aerospace/defense and energy industries to learn about the disease of obesity and provide clinical insights regarding health and safety in their respective industries. The goals were to provide awareness of benefits for the treatment of obesity and identify the feasibility for employers of implementing a comprehensive obesity benefit (COB) for their employees.

As a first step toward standardizing the availability of obesity care across plans, STOP, located within the Milken Institute School of Public Health at George Washington University, designed a COB.⁸ The COB provides guidance on the core components of obesity care and the conditions under which these services and/or items ought to be covered. Development of the COB was informed by input from experts and key stakeholders, including representatives from large employers, healthcare plans and payers, patients, and

providers. The resulting recommended benefit design is broadly consistent with current evidence-based treatment guidelines and primed, in part, by current obesity benefit offerings across plan types and payers.

The COB identifies evidence-based obesity treatment modalities that can support clinically significant weight loss among people with obesity and provides guidance on the appropriate amount, scope, duration, and delivery of obesity-related benefit offerings (Appendix A, <http://links.lww.com/JOM/B420>). The following five components make up the COB:

Screening and Prevention

All adults should be screened annually for obesity (document height, weight, waist circumference; calculate BMI), changes in weight status, and patient body weight concerns potentially indicative of an eating disorder.

Intensive Behavioral Therapy

Intensive behavioral therapy for obesity must include cognitive, physical activity, and nutrition components.

Pharmacotherapy Support

Benefits should cover all US Food and Drug Administration–approved short- and long-term medications, prescribed in conjunction with behavioral interventions.

Bariatric Surgery

A primary bariatric procedure for persons with a BMI ≥ 35 (≥ 30 with weight-related comorbidity) should be covered. Primary bariatric procedures should include (but not be limited to): laparoscopic sleeve gastrectomy, Roux-en-Y gastric bypass, and Biliopancreatic diversion with duodenal switch. Bariatric surgery procedures should be performed by a surgeon in a designated bariatric center of excellence. The plan should cover one revisional procedure to correct complications or when inadequate weight loss achieved despite adherence to prescribed postoperative treatment regimen.

Weight Maintenance

Strategies to prevent and mitigate weight regain are integral to the success of the obesity care plan. Benefits should include monitoring, prevention, follow-up, and intervention for relapse.

STOP has shared the COB at a variety of targeted outreach activities focused on finding ways for its adoption by public and private healthcare payers. This effort has included identifying potential partners, developing the most effective message framework for communicating the COB, and engaging a range of stakeholders to increase awareness and promote implementation of the benefit. Most recently, the Federal Employees Health

Benefits Office of Personnel Management has issued guidance to the carriers who cover the lives of federal employees who closely follow the COB. The Carrier Letter, issued in January 2023,⁹ provides guidance on obesity treatment and coverage for Federal Employee Health Plans. The guidance specifies that all Federal Employee Health Plans must follow the guidelines and cover screening and prevention, intensive behavioral therapy, antiobesity medications, and bariatric/metabolic surgery.

The ACOEM, as the nation's largest medical society dedicated to promoting the health of workers through preventive medicine, clinical care, research, and education,¹⁰ conducted a 2017 systematic review of the literature on obesity related to the workplace and convened a multidisciplinary panel composed of experts in occupational medicine, internal medicine, pediatrics, emergency medicine, surgery, advanced laparoscopic and bariatric surgery, obesity medicine, public health, clinical psychology, and exercise physiology to develop a guidance document to address the management of obesity among workers to improve health outcomes.¹¹ This review explored the impact of obesity on health costs to determine whether a case can be made for lifestyle, nonsurgical or surgical intervention, and insurance coverage of such interventions.

As follow-up to this work, in 2022, ACOEM developed a program in connection with the STOP and funded by Novo Nordisk, Inc, to explore the impact of obesity on employers in the aerospace/defense and energy industries. The goals of the program were to provide awareness of benefits for the treatment of obesity and identify the feasibility for employers of implementing a COB for their employees.

The aerospace/defense and energy industries serve both military and commercial markets and support America's national security and economy. The aerospace/defense industry is composed of manufacturers who develop spacecraft, military and commercial aircraft, tanks, missiles, and weapon-related equipment. Currently, the 2.1 million aerospace and defense workers represent 1.4% of the total US workforce.¹² These workers include aerospace, mechanical, and electrical engineers, flight inspectors, mechanics, pilots, etc.

The number of active-duty service members with obesity in 2020 was 19%, up from 16% in 2015.¹³ The impact of overweight and obesity on these employees is of concern because they are often the pipeline for new workers in the aerospace and defense workplace. Active-duty service members tend to have multiple health concerns acquired during their service, and soldiers with obesity are 33% more likely to suffer from musculoskeletal injuries.¹³ It has also been reported that employees with overweight or obesity are 25% to 68% more likely to have injuries than those without.¹⁴ Workers leaving military service often have health conditions

that come with the abrupt lifestyle and environmental changes when ending their service. This leads to rising concerns about the impact of overweight and obesity on the aerospace and defense workforce.

THE ACOEM/STOP ROUNDTABLE PROGRAM MEETING

The ACOEM/STOP program began with the convening of a roundtable to bring awareness of the need for a COB to this specialized workforce to assist these industries to retain employees and target benefits for a healthy workforce. The goal of the meeting was to help inform participants about the disease of obesity, to help employers recognize what benefits they currently provide, and to recommend what benefits could be added to make their plans offer a more comprehensive obesity care model.

The ACOEM members working in these industries were invited to the roundtable meeting held on May 13, 2022. Representatives from 16 aerospace and energy companies were invited to attend, five of whom actively participated in the meeting. Three companies engaged in the follow-up communications.

The roundtable meeting was opened by Charles M. Yarborough III, MD, President of CYHealthAssociates LLC, and past President of ACOEM. Dr Yarborough discussed how the workplace impacts obesity and how obesity impacts the workplace. Major General Malcolm B. Frost, US Army (retired), presented the military perspective and the impact of obesity on national security. Dr Domenica M. Rubino, MD, private practice of obesity medicine in the Washington, DC area, focused on the physiology of weight regulation and the implications for the medical management of obesity. Christine Gallagher, with STOP, presented on the standard of care for obesity treatment, including the COB.

The roundtable planners wrote preplanned questions for the roundtable. Below is a summary of the discussion that followed.

How does your organization coordinate or integrate various benefits related to wellness and obesity? What obesity benefits are currently part of your health benefit plan?

- Participants discussed offering wellness activities and resources, including biometric screening and 1-1 coaching. Most wellness programs promoted physical activity, sound sleep, and nutrition.
- Participants were uncertain about whether their benefit structure included the benefits outlined in the COB.
- It was noted that employees who are fit and healthy are often excited to participate in a wellness program, but they do not live with the same barriers as those with severe obesity. Some health promotion activities might be stigmatizing for patients with very high BMIs. In the spirit of inclusion

and diversity, wellness programs need to address all capabilities of all employees.

- Participants identified that employers could leverage their carriers to help in identifying populations at risk and move them into the right program, rather than assuming that basic wellness programs are helping all employees.
- People who are living with obesity are rarely considered and it could be useful to convene a small group of employees, potentially through a mechanism similar to an employee resource group, to ask about programming and benefit needs related to obesity or weight management.

With whom does your organization partner for weight management solutions (bariatric centers of excellence, medical carrier, wellness vendor, pharmacy benefit manager [PBM])?

- Companies discussed weight loss clinics, referral networks, digital apps that provide referrals and resources for information on weight loss, exercise, stress management, and sleep. Not all are specific to obesity management.

As a corporate medical director (CMD) or benefits administrator, what role can you play in coordinating care and services for patients with obesity?

- Corporate medical directors can provide education and awareness. They can make the business case to the benefits manager as to why to include obesity benefits and why there is a need to focus on certain medical conditions such as obesity.
- Corporate medical directors can bring a different perspective on what needs to be addressed because they are seeing the employees and can identify trends in work injuries and analyze claims data to determine what services employees need.
- In terms of obesity, CMDs can make the case that treatment for obesity does affect safety, which can speak louder than the cost.
- Participants noted that two thirds of medical costs come from the dependents of employees. Therefore, there is a need to think beyond the immediate workforce regarding the costs of obesity treatments.

What metrics should be considered when evaluating the impact of integrated wellness or weight management programs? What positive outcomes have you seen (or will be looking for) with chronic disease management programs including obesity?

- The metrics that participants noted are used when evaluating programs were as follows:

- Obesity diagnosis.
- Utilization of services/participation in the different programs offered.
- Weight management—BMI measurement, weight changes.
- Health outcomes, such as prevalence of comorbid conditions, that is, prediabetes and sleep apnea.
- Prevalence of decreased use of medications, increased physical functioning, and assessment of pain.

What do you think about aligning benefit design to obesity guideline principles (ie, full spectrum of care from lifestyle to medication, to surgery)?

- Participants noted that alignment of benefit design is usually under human resources (HR)/benefit managers. However, the implementation of treatment guidelines and principles sits with the CMD's functions.
- In concept, alignment makes sense, but the guidelines need to be evidence based.
- Employers look at whether the benefit design makes financial sense, which can be hard to prove.
- It was noted that there needs to be more work documenting the business case for including coverage of the full spectrum of obesity treatment.
- Participants pointed out that there needs to be an incentive for companies to do this because employers will end up paying for the more expensive treatments upfront, but not always reap the benefits on the back end.

COMPREHENSIVE OBESITY BENEFIT CHECKLIST

In follow-up conversations with the companies that participated in the roundtable, the ACOEM and STOP shared the Comprehensive Obesity Benefit Checklist.¹⁵ This checklist was designed for employers, employees, payers, providers, and patients to review health plans for coverage of obesity treatment. The checklist was shared with the companies in a survey format (Appendix B, <http://links.lww.com/JOM/B420>). Companies were asked to review the health plans they offer to their employees and complete the survey with the obesity care benefits currently covered. To protect anonymity, each company was given a code to enter that hid their company name in the survey response.

Only one of the companies invited to participate completed the survey. Reasons given for not completing the survey were lack of staff knowledgeable about benefits and concerns about sharing the information with an outside entity.

OUTCOMES

The goals of the roundtable, survey, and communication with the aerospace/defense and energy industries were to help inform companies about the disease of obesity and its impact on employees, review the benefits the employers offered their employees, assess the gaps that exist, and troubleshoot ways to increase access and utilization of comprehensive obesity care.

Our outcomes are limited by a lack of participation by the employers invited to participate. Reasons cited for not participating included a focus on other diseases and well-being issues, such as mental health. There were also questions about whether the participants invited were the correct people within the company to answer questions about benefits and obesity care coverage. Staffing changes in the companies during the time of the project also hindered the ability to connect with the appropriate staff.

Additional reasons for a lack of participation could have included bias and stigma around the disease of obesity, lack of knowledge of the importance of obesity care, and lack of knowledge of the impact that obesity has on employees. Participation might have been better if this program was offered in a year less impacted by the COVID-19 pandemic or during the current year when antiobesity medications have received more media attention.

Participants benefited by learning up-to-date information about the disease of obesity and what constitutes a COB. Roundtable participants recognized that employee wellness programs were not the same as providing coverage for comprehensive obesity care. There was acknowledgement that a focus on wellness is important and has a role in the prevention of obesity and sustaining weight loss after it occurs. However, a focus on wellness is not the same as providing comprehensive obesity treatment, which allows employees to seek care from providers with an understanding of the complexities of obesity.

The projected outcome of the project was to develop actionable steps for similar examination of benefits offered to employees that could be replicable by other sectors, payers, and businesses. Although the lack of participation by the employers limits our ability to discern actionable steps for the participants, there were shortcomings identified that need to be addressed to develop a more comprehensive approach to obesity within an organization. These shortcomings have led us to the following recommendations:

- There is a need for internal education around the disease of obesity and the treatments available for the leadership within the employer organization, HR/

benefits managers, CMDsa, and employees at large.

- Employers should use the COB checklist as a starting point in understanding the available benefits for obesity within their own organization.
- Employers need to have a better understanding of the scope of obesity within their employee population. Ways to do this include collecting data on BMI from wellness programs or through collection of International Classification of Diseases (ICD) codes related to the diagnosis of obesity by healthcare providers.
- Because benefits and application of guidelines sit under two separate functions within organizations, employers need to foster a better relationship between HR/benefit managers and CMDs. These two functions require synergy if they are going to address obesity within their organization.
- Employers need to partner with their healthcare plans, pharmacy benefit managers, and others to support treating obesity as a complex chronic disease that warrants the prioritization of care.
- Employers are interested in what the return on investment is for the various treatment options for obesity on their employee population. There is an inconsistency in benefits that makes defining return on investment difficult and often unattainable.

- In addition to implementing the recommendations noted previously, future programs should include employers from a variety of sectors, because the disease of obesity is cross-cutting and impacts employees in all sectors. Other participants who should be included are HR, benefit managers, and CMDs.

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