White Paper

Weight Management Programs within Health Care Systems: Changing the Paradigm from "Nice to Have" to "Must Have"

Obesity is an epidemic and its impact is far-reaching. Nearly 40 percent of adults in the United States are obese — the highest number ever reported.[1] For health care providers, the cost of obesity includes higher surgical costs, longer hospitals stays, higher risk of infection, greater likelihood of readmission, and increased need for medications. Alternatively, denying obese surgery candidates altogether and sending them away to lose weight on their own with the expectation that they will return and qualify for surgery is unrealistic and rarely occurs. All of this contributes to lost revenue, adding to the $22 million in revenue missed annually by the average hospital.[2]

Dr. Schumann attributes the success of St. Elizabeth's program to top-down support from hospital administration and the Center's alignment with executive level hospital goals to deliver quality patient care and increase (or recoup) revenue. Patients are encouraged to participate in a medically-supervised, behavior-focused program concentrating on long-term lifestyle changes. He achieves this through a robust internal referral system throughout the hospital that includes sleep specialists, endocrinologists, cardiologists, orthopedic physicians, and surgeons — thereby retaining patients in the continuum of care if they are turned down for surgery. **As a result, the Center has admitted 20 percent more qualifying surgery candidates.**

What options do providers have? Turning away obese patients who don't meet Body Mass Index (BMI) requirements for certain surgeries — or prescribing medications to take as they attempt to lose weight on their own — is just as much as a financial burden on hospitals as is treating the patients. Sending patients outside the care continuum to find weight loss solutions isn't efficient nor does that path align with the top strategic priorities among hospital executives in 2019, including putting value-based managed care into motion and improving the quality of patient experience. Denying surgery exacerbates the issue by ignoring the medical needs of the patient or allows their condition to deteriorate. Of equal significance is the number of preventable medical outcomes — including death — associated with obesity, including hypertension, cardiovascular disease, stroke, diabetes, dyslipidemia, and cancer.[3]

A more effective approach to address the complexities of providing quality health care to the continually rising obese population is overdue. Current methods that focus on the symptoms of obesity rather than recognizing it as a disease have been inadequate and costly for both patients and providers. Nonetheless, weight loss undeniably is the best option. Reducing weight and body mass index and adopting a healthy lifestyle results in better health and surgical outcomes.[4] A moderate loss of five to 10 percent of body weight offers "meaningful improvements in obesity-related metabolic risk factors and coexisting disorders."[5] Further, following a weight maintenance program after an initial weight loss has been found to be effective for maintaining weight and improving metabolic and cardiovascular risk factors.[6]

Despite these positive outcomes, health systems

are often reluctant to commit support to weight loss and weight management programs. Hospital administrators tend to view these centers as providing "nice to have" rather than "must have" programs, according to Dr. Troy Schumann of St. Elizabeth's Physicians Weight Management Center, a fully accredited, medically-supervised bariatric center serving the greater Cincinnati, Ohio area. A study by the National Public Health and Hospital Institute (NPHHI) echoes this view. NPHHI's review of intervention programs found that despite obesity clearly being a major health problem, payer reimbursement favors covering costly outcomes for those who already are obese rather than fund preventive treatment.[7] This inefficient and ineffective approach defies medical and fiscal prudence. In fact, multiple stakeholders are finding financial gains by investing in the improvement of social determinants of health, including patients, health systems, social service providers, payers, communities, and taxpayers.[8]

Programs often go unfunded due to a lack of quantifiable data on program benefits which makes it difficult to determine a return on investment. Additionally, there is concern about the effectiveness of program delivery to the target audience because support often is provided by social service organizations outside the hospital. Social determinants of health instead should be viewed as "public goods", acknowledging that the benefits are not limited to those who pay directly for them. This "must have" view also recognizes that funding programs supporting weight loss and maintenance are an investment in the provider's self-interest.[9]

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Having formerly been obese himself, Dr. Schumann has a unique perspective on patient care. "The improvement of quality scores is just one outcome," say Schumann. "We don't just give overweight patients meds and send them away. We put them on a medically-supervised program that educates them on nutrition, exercise, and behavior medication. The team is with them every step of the way. As a result, we see improvements in our patients with diabetes, hypertension and high blood pressure. Our method is a safer way to lose weight — we care about our patients and their quality of life after they leave our hospital doors." As a result, patients leave the program educated on how to live a healthier lifestyle for long term results and a higher quality of life.

St. Elizabeth's program shares characteristics of other successful programs. Foremost, as Dr. Schumann noted, securing top level support from key stakeholders is critical to maintaining a "must have" program.[10] [11] [12] Other similarities include nutrition, activity, and behavioral modification, as well as lifestyle changes. Successful programs provide intervention customized to individual patients as well as group support, and generally require that patients participate in an information or orientation session so they know what to expect during the intervention.[13] [14]

In the coming year, health care systems will continue to face financial challenges. Greater scrutiny and denial of claims, higher debt, changing laws, and lack of integrated systems will contribute to lost revenue. Indeed, billing and collections, denials management, and charge capture are identified among the top risk areas health care organizations will face this year.[15] As such, targeting in-house opportunities is critical to remaining profitable and competitive and maximizing use of existing resources should be the first step. Find your "must have" programs and invest in its success.

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ABOUT ROBARD CORPORATION

Robard Corporation, a privately-owned company headquartered in central New Jersey, provides health care professionals with a turnkey solution to operate their own medically-supervised obesity treatment program. Respected leaders in the weight loss and management industry for more than 40 years, Robard's evidence-based programs are complimented by scientifically-designed nutrition products and best-in-class business services to help physicians, surgeons and hospitals treat mildly overweight to morbidly obese patients. To learn more, call us at (800) 222-9201 or visit www.Robard.com.