

Benefits Design: Ensuring **Appropriate** Care

Until recently, there has been very little information for employers about appropriate benefit design for obesity. Medical professionals lacked a standard for identifying and treating obesity, and health plans often excluded obesity as an accepted diagnosis. However, new initiatives are laying the groundwork for change. Strategically designed benefits based upon these new initiatives will align stakeholders and enhance the likelihood of behavior change:

- ❖ Physicians will have incentives to identify and treat obesity early; and
- ❖ Health plans will be held accountable for physicians' adherence to practice guidelines.

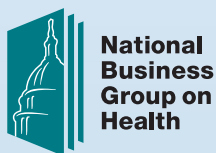
The following section describes how employers can engage physicians and health plans to ensure children receive appropriate care through benefits design.

1. Support New Clinical Practice Guidelines to Improve Physician Care

In 2007, an expert panel convened by the American Medical Association (AMA), the Department of Health and Human Services' Health Resources and Services Administration (DHHS HRSA) and the Centers for Disease Control and Prevention (CDC) released new clinical practice guidelines to inform and standardize health care providers' role in preventing, identifying and treating childhood obesity. The new guidelines recommend that physicians assess a child's height, weight and BMI annually, as well as any medical and behavioral risk factors for obesity. Physicians also are encouraged to counsel patients on healthy behaviors necessary to maintain an ideal weight.¹

When a child is identified as overweight or obese, four interventions of increasing intensity are recommended based upon an individual's weight status and response to earlier interventions:¹

- ❖ **Prevention Plus** is the initial intervention recommended for overweight children (*BMI from 85th to 94th percentile*). Physicians should provide patient counseling to encourage a healthy diet and physical activity. Follow-up visits with the provider can be utilized based upon need.



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❖ **Structured Weight Management** is recommended for obese children (*BMI from 95th to 98th percentile*) or those for whom earlier intervention efforts have not been effective. This approach combines more frequent physician follow-up — several times/month to weekly monitoring visits — with written diet and exercise plans to achieve gradual weight loss (1 pound/month) if clinically indicated.

❖ **Comprehensive Multidisciplinary Intervention** is utilized for obese children or for those who participated in 3 to 6 months of structured weight management and failed to achieve targets. This level of intervention combines more frequent visits (weekly) with a physician and a dietitian and could also include visits to exercise physiologists and behavioral specialists to achieve gradual weight loss of 1 to 4 pounds/month.

❖ **Tertiary Care Intervention** is the most intensive strategy recommended for morbidly obese adolescents (*BMI 99th percentile or greater*) with associated comorbidities or for individuals for whom earlier efforts were not effective. This approach consists of all that is contained in the previously described interventions, and may include more aggressive therapies, including meal replacements, pharmacotherapy and, in rare cases, bariatric surgery.

Employers can support and encourage physicians' adherence to the new guidelines by discussing the coverage of obesity and obesity-related services with their health plans. The key aspects of care recommended in the treatment guidelines are presented in Table 1.

Programs offering more intensive weight management are increasing and can be available in a medical or community-based setting. When looking for a [weight management program](#), employees should seek a program with documented evidence of effectiveness. If no program is available locally, employees can be referred to their local children's hospitals for additional programs.

Click [here](#) to learn how one employer partnered with a local program to offer structured weight management to employees' children.

Table 1: Summary of Recommended Treatment Guidelines for Childhood Obesity

| Health Service | BMI & Risk Factor Assessment | Counseling on Healthy Diet | Physician Follow-up Visits | Counseling Provided by Dietitians, Exercise or Behavioral Specialists | Meal Replacements, Medications or Bariatric Surgery |
|--|------------------------------|----------------------------|----------------------------|---|---|
| Prevention | X | X | | | |
| Prevention Plus | | X | (as needed) | | |
| Structured Weight Management [†] | | X | X (monthly to weekly) | | |
| Comprehensive Multidisciplinary Intervention ^{*†} | | X | X | X | |
| Tertiary Care Intervention ^{*†} | | X | X | X | X |

*May require the employer to buy-up from standard plan designs.

†Employers may implement cost-sharing with member for these services.

Changing policies over the last several years have paved the way for employers to cover screening for obesity and obesity-related services, with the Affordable Care Act being the most notable. Beginning in January 2011, non-grandfathered plans are required to offer 100% coverage for obesity screening and counseling or referral to treatment. The regulations do not require employers or health plans to cover obesity treatment. However, progressive health plan designs are demonstrating support for treatment of obesity among children by extending coverage for treatment in a variety of ways:

- ❖ In 2005, Blue Cross Blue Shield of North Carolina (BCBSNC) added obesity related services as a standard benefit for beneficiaries. BCBSNC provides four physician office visits per year for weight assessment and treatment services, as well as visits to allied health professionals and nutritionists. For all services, physicians can code obesity as the diagnosis and reason for services.

❖ In 2006, Pennsylvania's Highmark health plan began offering obesity-related services in their health plans to combat the high level of childhood obesity. Highmark offers overweight beneficiaries (BMI between 85th and 95th percentile) the following:²

- two additional preventive service visits specifically for obesity and blood pressure management; and
- two annual nutrition counseling visits.

For obese beneficiaries (BMI greater than 95th percentile), Highmark offers the same services as well as one set of laboratory tests.² Like BCBSNC, physicians can code obesity as a sole diagnosis when offering these services. According to Highmark, service utilization increased 23% within one year of implementing the change.³

❖ Insurers such as Aetna, BCBSNC, Blue Cross Blue Shield of Massachusetts and Wellpoint have joined the Alliance for a Healthier Generation to offer improved benefits coverage for obesity prevention, assessment and treatment services. Insurers and employer members of the Alliance, including PepsiCo, Owens Corning and PayChex, agree to offer four visits with a primary care physician as well as four visits with a registered dietitian as part of their normal benefits available to beneficiaries. Physicians are reimbursed for assessment and needed follow-up visits for counseling; dietitians also would be reimbursed for their services.

Employers are also taking steps toward covering obesity-related services by reimbursing claims with obesity as the sole diagnosis and covering more intensive treatment of obesity as provided in structured weight management programs.



In January 2008, **Costco Wholesale** removed the obesity exclusion from its self-insured health plan and began reimbursing for claims with this diagnosis. The new plan design provides reimbursement to physicians, dietitians or nutritionists and hospitals for the treatment of obesity, including the initial exam, diagnostic tests and ongoing visits for the purpose of monitoring and evaluating progress. Costco Wholesale believes this change will allow beneficiaries of all ages to seek and start treatment before they begin to experience comorbid conditions. Early numbers indicate that the new benefit is of use to beneficiaries. In its first year, nearly 250 child claimants received care for obesity, with equal numbers projected for 2009.

General Mills' 12-Week Multidisciplinary Weight Management Pilot Program



GENERAL MILLS

In 2010, **General Mills** partnered with a local health care provider to offer its employees and their children an opportunity to participate in a medically supervised weight management program at greatly reduced cost. Although coverage for the intensive weight management program exceeded typical employer benefits, General Mills recognized an opportunity to improve health benefits to combat childhood obesity and support families dealing with this issue.

Families Living Actively Striving for Health (FLASH) was a 12-week pilot program for children ages 7-12 and their families. The FLASH program provided families access to a multidisciplinary team consisting of a doctor, a registered dietitian, a physical therapist and a family therapist.

The overall goal of the program was to help parents and their children develop healthy lifestyles through education and support in the areas of nutrition, physical activity and behavior modification. FLASH was offered to General Mills employees with children who were:

- ❖ Enrolled in General Mills medical benefits in 2010;
- ❖ Between the ages of 7 and 12;
- ❖ Overweight (a body mass index equal to or greater than the 95th percentile for their age and gender); and
- ❖ Committed to attending and participating in weekly 2-hour sessions for three months (parent participation was required).

The program was divided into three distinct phases:

- ❖ The three-hour **initial assessment** consisted of a comprehensive medical evaluation, including lab work, fitness test and nutrition assessment. Participants were required to pay a small fee for the assessment; their usual copayments and deductibles were applicable.
- ❖ The **12-week group sessions** focused on two of four topics each week: medical care, nutrition, exercise and behavior modification. Exercise was included as a part of each lesson. There was no fee for the 12-week program.
- ❖ The three-hour **post assessment** was completed three months after the completion of the program. During the post-assessment, the participants met

with the doctor, dietitian and physical therapist and repeated the tests done during the initial assessment to assess physical status and lifestyle behaviors since completing the program. Participants were also required to pay a small fee for the post assessment, with usual copayments and deductibles applied.

Results

General Mills received good feedback from participants on the program (see text box). However, the program overall was not as successful as they had hoped in helping participants maintain or lose weight. For other employers considering embarking upon a similar program, General Mills offers the following suggestions:

1. Select a narrower age range for the children.
2. Shorten the length of the program or offer the program every other week.
3. Allow time to plan and develop the program.
4. Choose a large space in which to host the program (gym or recreation center), and create smaller groups.
5. Include activity-based sessions for the children.

2. Incorporate New Performance Standards to Hold Health Plans Accountable

The National Committee for Quality Assurance has published a new measure within the Healthcare Effectiveness Data and Information Set (HEDIS) to improve the quality of care as it relates to childhood overweight and obesity. The new measure, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*, will assess patient medical records for evidence of the following:

“I feel fortunate to be able to participate in this program. I think they are providing a lot of great information and I think it is great for my daughter to be hearing it from someone other than myself because it seems to be sinking in. My daughter’s insulin level was a little elevated at the initial screening, which is of concern and I am anxious to see where it is at the post session evaluation. We look forward to going to these sessions each week. I was a little overwhelmed by the time commitment but now that we are approaching the end, I wish they would continue. We are both learning a lot.”

— Program Participant

BMI percentile documentation, which must include the following:

- ❖ date of the BMI;
- ❖ BMI percentile; and
- ❖ BMI percentile plotted on age-growth chart.

Documentation of nutrition counseling, which must include a note indicating the date and evidence of at least one of the following:

- ❖ a discussion of current nutrition behaviors;
- ❖ counseling or referral for nutrition education;
- ❖ educational materials on nutrition being provided; or
- ❖ anticipatory guidance for nutrition.

Documentation of physical activity counseling, which must include a note indicating the date and evidence of at least one of the following:

- ❖ a discussion of current physical activity behaviors;
- ❖ counseling or referral for physical activity education;
- ❖ educational materials on physical activity being provided; or
- ❖ anticipatory guidance for physical activity.

Health plans began collecting data on the new measure in 2009. The availability of this measure and corresponding data give employers the opportunity to evaluate health plans and incorporate new standards into plan requirements. Examples of key plan changes employers might implement are:

1. Require health plans to demonstrate high level of periodic BMI measurement and evaluation (calculating and plotting BMI) for all pediatric patients during office visits, as recommended by expert groups and published in the new HEDIS measures.
2. Evaluate health provider actions and efforts to deliver to parents and families regular guidance on nutrition and physical activity patterns, weight management and obesity prevention.
3. Require health plans to demonstrate improvement in these areas, if needed.
4. Consider discontinuing contracts with underperforming plans.

References

- ¹ Barlow SE, and the Expert C. Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report. *Pediatrics*. 2007;120(Supplement_4):S164-192.
- ² Goessler M, Raffa J. *Highmark's Obesity Benefits and Provider Outreach: A comprehensive approach to a national epidemic*. Presentation available at: <http://www.ehcca.com/presentations/ObesityAudio20090115/goessler.ppt#256,1>, Highmark's Obesity Benefits and Provider Outreach. Accessed on June 26, 2009.
- ³ Heubeck E. Reimbursement Offers Hope for More Obesity Counseling. *DOC News*. 2007;4(9):8-8.

Weight Management Programs with Supporting Evidence

Many employees may be struggling with a child who is already overweight or obese. When overweight or obesity is accompanied by one or more serious weight-related medical conditions such as diabetes, high blood pressure or sleep apnea, a doctor may recommend a more structured weight management program for the child.

The table below provides examples of weight management programs that have had some degree of success. Employers might utilize this list to provide guidance to employees seeking assistance.

Table 2: Suggested Weight Management Programs

| Program Name | Grade/Age | Contact Information |
|---|---|---|
| KidShape® | Ages 3 to 5 years old Ages 6 to 14 years-old Grades Pre-K through 8th | Website: Kidshape.com KidShape® 8733 Beverly Blvd Suite 400 Los Angeles CA 90048 Phone: 1-888-600-6444 Email: info@kidshape.com |
| SHAPEDOWN | Four program levels: Level 1 (6 to 8 years old) Level 2 (9 to 10 years old) Level 3 (11 to 12 years old) Level 4 (13 to 18 years old) | Website: www.Shapedown.com SHAPEDOWN 1323 San Anselmo Avenue San Anselmo, CA 94960 Phone: 415-453-8886 Email: www.shapedown@aol.com |
| Univ. of Buffalo Childhood Weight Control Program | Grades K-5 Ages 6 to 12 years old | Colleen Kilanowski Program Coordinator SUNY Buffalo G-56 Farber Hall South Campus Buffalo, NY 14260 Phone: 716-829-3400 Email: ckk@buffalo.edu |

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Table 2: Suggested Weight Management Programs *continued*

| Program Name | Grade/Age | Contact Information |
|--|---|---|
| HealthWorks!™ | Ages 5 to 10 years old Ages 11 to 19 years old | Website: www.cincinnatichildrens.org/svc/prog/healthworks/default.htm HealthWorks! 3333 Burnet Avenue Cincinnati, OH 45229-3139 Phone: 513-636-4305 Fax: 513-636-2459 |
| Operation Zero | An Obesity Management Program for Adolescents | Luke Beno, MD Director, Operation Zero Kaiser Permanente Atlanta, GA Phone: 770-603-3604 Fax: 770-603-3674 |
| L.E.S.T.E.R.® (Let's Eat Smart, Then Exercise Right) | Ages 6 to 11 years old | The Children's Hospital of Alabama 1600 7th Avenue South Department of Clinical Nutrition ACC Suite 416 Attention: Sue Teske, MS, RD, CNSD Birmingham, AL 35233 E-mail: Susan.Teske@chsys.org |
| FIT KIDS | Children ages 6 to 12 years old, their parents and caregivers | Beth Passehl FIT KIDS Community Health Development and Advocacy Children's Health Care of Atlanta Atlanta, GA Phone: 404-929-8793 E-mail: beth.passehl@choa.org |
| A Weigh of Life | Children and adolescents | Website: www.texaschildrenshospital.org Texas Children's Hospital Nutrition and Gastroenterology Dept. Texas Children's Hospital 6621 Fannin St. MC 3391 Houston, TX 77030-2399 |

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Table 2: Suggested Weight Management Programs [continued](#)

| Program Name | Grade/Age | Contact Information |
|---------------------|---------------------------------|---|
| Healthy Habits (HH) | Adolescents | B.E. Saelens Department of Pediatrics Division of Psychology Children’s Hospital Medical Center Cincinnati, OH 45229 E-mail: brian.saelens@chmcc.org |
| Healthy You | Ages 8 to 11 years old Teens | Website: www.chkd.org/healthy_you Babs Benson, RN, BSN Children’s Hospital of the King’s Daughters 601 Children’s Lane Norfolk, VA 23507 CHKD Healthy You Program Coordinator Phone: 757-668-7035 E-mail: bensonbr@chkd.org |
| On Target | Families of overweight teens | Marc Jacobson, MD Director, On Target Program Schneider Children’s Hospital Division of Adolescent Medicine 410 Lakeville Road, Suite 108 New Hyde Park, NY 11040 Phone: 516/718-465-3270 |

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