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Tackling the epidemic from all angles

Kaiser moves obesity to the top of its clinical priority list

Armed with mounds of data showing just how dearly the obesity epidemic is costing the country and its citizens, California-based Kaiser Permanente has embarked on a comprehensive strategy designed to tackle the problem from all angles and provide clinicians with an array of resources they can use to help patients get a better handle on their weight. It's a daunting challenge, but the sheer number of individuals impacted by excess weight has pushed the issue to the top of Kaiser's clinical priority list. (See Figure 1.)

"We don't have BMIs (body mass indexes) on all our members yet, but we have estimated that out of our 8.5 million members, about 4.4 million are overweight or obese. So clearly this is not a problem that we can ignore, or that will go away today or tomorrow," stresses **Trina Histin**, PhD, project director for Kaiser's Weight Management Initiative. "If you look at the incidence of [other major chronic diseases], they are clearly overshadowed by overweight and obesity, and there are some real connections between the risk factors associated with obesity and the kinds of things we are seeing in our population in terms of diabetes, heart disease, and chronic pain."

Figure 1: Kaiser Permanente's Clinical Priority Areas

Clinical Area	Prevalence/Incidence
Overweight and Obesity	4,400,000
Asthma	95,000
Cancer	25,000 new cases/yr
Chronic Pain	250,000
Coronary Artery Disease	165,000
Depression	415,000
Diabetes	450,000
Heart Failure	80,000

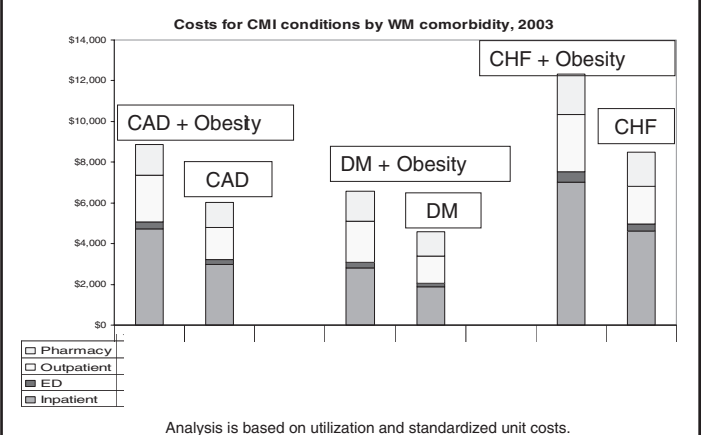
Source: Kaiser Permanente Care Management Institute, Oakland, CA.

Kaiser's initiative is just a few years old at this point, and Histin emphasizes that the organization is still experimenting with different technologies and strategies that offer promise in helping patients to modify their lifestyles and slim down. However, the initiative's core components are in place, and developers are buoyed by early outcomes that suggest Kaiser's multifaceted approach to the problem may well be critical to success over the long term.

Time for action

Taking on any health issue requires financial resources, but Histin emphasizes that with the obesity epidemic, the cost of doing nothing is staggering. That message is underscored in a presentation Histin delivers outlining Kaiser's approach. She cites evidence that health care costs are significantly higher for patients with BMIs over 30, and that obesity adds considerably to the cost of taking care of

Figure 2: Incremental Cost of Obesity in Chronic Condition Cohorts



Source: Kaiser Permanente Care Management Institute, Oakland, CA.

patients who already have a chronic disease. In Kaiser's own disease registries for diabetes, CAD, and CHF, Histin offers data showing that patients who are obese cost \$3,000 to \$5,000 more per year than patients who are not obese. (See Figure 2.)

To begin to tackle the issue in an evidence-based fashion, Kaiser has established a policy emphasizing that clinicians should screen all adult patients for obesity, then those patients should be risk-stratified and offered appropriate interventions. (See Figure 3.) Under this approach, all patients -- whether they are overweight or not -- will receive some lifestyle guidance, and additional interventions are added for individuals at higher risk levels. These may include some form of behavior change therapy, pharmaceutical intervention, or bariatric surgery for those at highest risk.

'Don't lose that momentum'

There is no question that clinicians are often reluctant to discuss weight with their patients, but Histin says there is ample evidence showing that just taking that first step of having a discussion can make a significant impact. "There have been a number of studies showing that, on average, patients are about 2.8 times more likely to engage in weight loss attempts if they are advised to do so by their provider," she says. (See Figure 4.) "The obvious next step is to make sure they are referred to programs so that you don't lose that momentum."

Contending that no one approach will work for everyone, Kaiser has established a number of programs and resources that clinicians can use with overweight patients. Programs are modified to apply to different populations, and they vary in some respects from region to region, but the overall focus is the same. "What is common across all of them is a core curriculum encouraging healthy eating and active living, as well as figuring out ways for emotional release," explains Histin. "Usually these programs are led by a health educator, and often times they bring in a registered dietitian or behaviorist."

Web-based interventions

In addition to the more traditional lifestyle management programs, Kaiser has also implemented a number of web-based resources for both clinicians and patients. For example, clinicians have access to weight management guidelines, research, diagnostic codes, and counseling protocols through Kaiser's electronic medical record.

(See Figure 5.) For patients, Kaiser has partnered with Ann Arbor, MI-based HealthMedia to deliver programming to members who prefer a web-based intervention, either as an alternative to traditional programming or in addition to other weight management interventions.

The web-based approach uses computerized, artificial intelligence to essentially emulate what a nurse counselor would do if she were working with a patient on a one-to-one basis, explains Ted Dacko, HealthMedia's president and chief executive officer. "We use the Internet to interview each individual participant using sophisticated technology. Then we apply behavior change models to individually build a plan for each person based on their stage of change, their motivation, their self-confidence, their perceived severity, perceptibility, and barriers," he says. "It is actually like they are getting a personalized program written by a medical professional to teach them how to lose weight."

The HealthMedia program, called *Balance*, relies

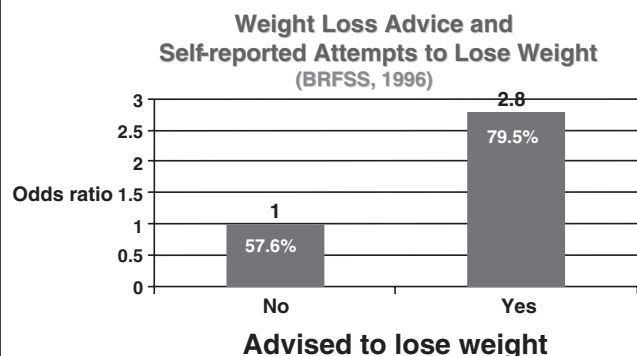
Figure 3: A Suggested Approach to Treatment Options

Treatment	BMI CATEGORY					
	<25	25-26	27-29	30-34	35-39	>=40
Lifestyle/Focused Advice	With Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities
Brief Negotiation	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities
Behavior Therapy	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities
Pharmacotherapy	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities
Surgery	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities	Without Co-Morbidities

The Practical Guide to the Identification, Evaluation and Treatment of Overweight & Obesity in Adults
http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf

Source: Kaiser Permanente Care Management Institute, Oakland, CA.

Figure 4: Clinician-Patient Communication



JAMA, 1999;282:1576-1583
 Archives Int Med, 2000;160:2334-2339
 Obesity Research, 2005;13:597-607

Source: Kaiser Permanente Care Management Institute, Oakland, CA.

on self-reported data to monitor health status and progress, but because the program is computerized, it is a simple matter to track and report on outcomes over time. Histin reports that in a randomized controlled trial that compared members enrolled in *Balance* with members who were given information on how to access weight management-related content through the Kaiser web site, the *Balance* participants lost about three more pounds at six months than members in the comparison group. (See Figure 6.) Further, Histin adds that that 12-month outcomes show that the weight loss in the *Balance* group was sustained, and overall health care utilization was lower in this group as well. (See Figure 7.)

To date, 75,000 Kaiser members have gone through the *Balance* program, and the organization has continued to see positive outcomes in both the general population and in individuals with chronic disease. (See Figure 8.) Histin adds that more than half of all the *Balance* participants have lost weight,

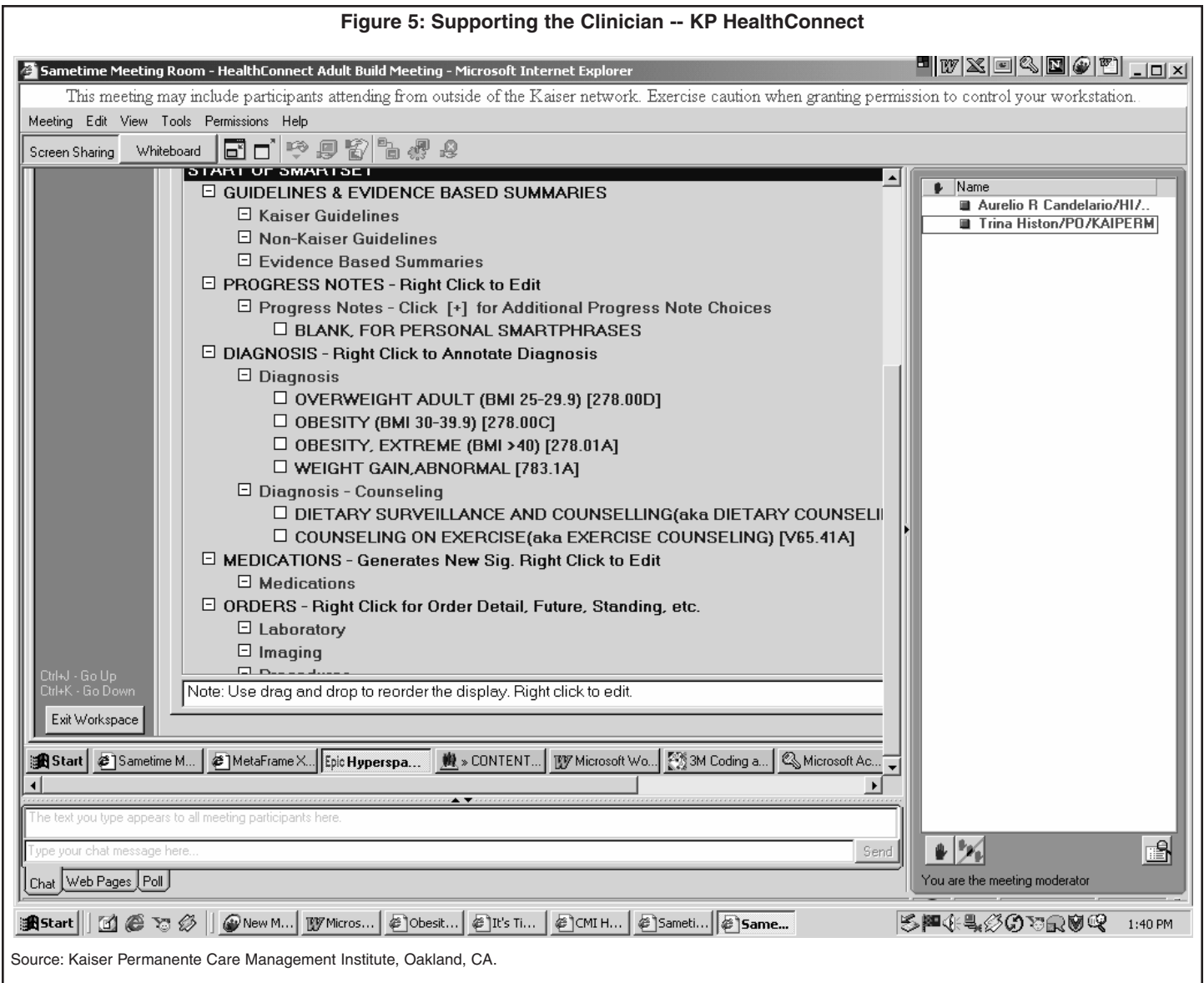
a full 47% of participants dropped by one BMI point, and 16% of participants dropped a full BMI stratification level. Of the participants with BMIs over 30, 27% lost at least 5% of their baseline weight, and 10% of them lost at least 10% of their baseline weight.

Worksite wellness

Working with individual employer-purchasers to implement the *Balance* program, the approach has produced documented improvements in productivity as well as an ROI, Histin tells *DMA*. “We know that not only is this good for our members, but we can also take it into the worksite,” she says. “The online program is very portable, so we can tailor it for the purchaser and get good outcomes.”

While Kaiser has had good success with the web-based approach, Histin acknowledges that many challenges remain. For example, she emphasizes that

Figure 5: Supporting the Clinician -- KP HealthConnect



Source: Kaiser Permanente Care Management Institute, Oakland, CA.

Kaiser needs to focus more attention on engaging physicians in the process so that they will refer more patients to the program, and there is also room for further innovation with regards to member engagement.

Overall, however, no one at Kaiser is complaining. "We found that when you use the right model to implement with the right intensity, it seems to be effective at getting employees enrolled into the program," she says. "We also found that people lost weight on the program, and their weight loss accompanied a decrease in productivity losses."

Effective clinical management is central to Kaiser's initiative, but Histin emphasizes that it is just one part of a larger strategy the organization considers essential to addressing the obesity epidemic. "We decided from the start to take a public health approach to obesity because you cannot

silos this within the medical system. It really needs to be a total approach," she explains. For example, Kaiser is actively involved with research on obesity and weight management, and in promoting sound public health policy. Additionally, Kaiser is involved in community education projects that include reaching out into the schools to encourage children to be more active in looking after their own health.

"Our ongoing policy is we really can't expect to be healthy if our members live and work and go to school in communities that are unhealthy. That underscores our weight management work."

Editor's note: For more information on HealthMedia's web-based DM and health promotion programs, visit the organization's web page at www.health-media.com. Information about Kaiser Permanente can be accessed at www.kaiserpermanente.org. ♦

