



Charles Baum, M.D., M.S., FACG, FTOS
Vice President and Head US Medical
Affairs
Takeda Pharmaceuticals International

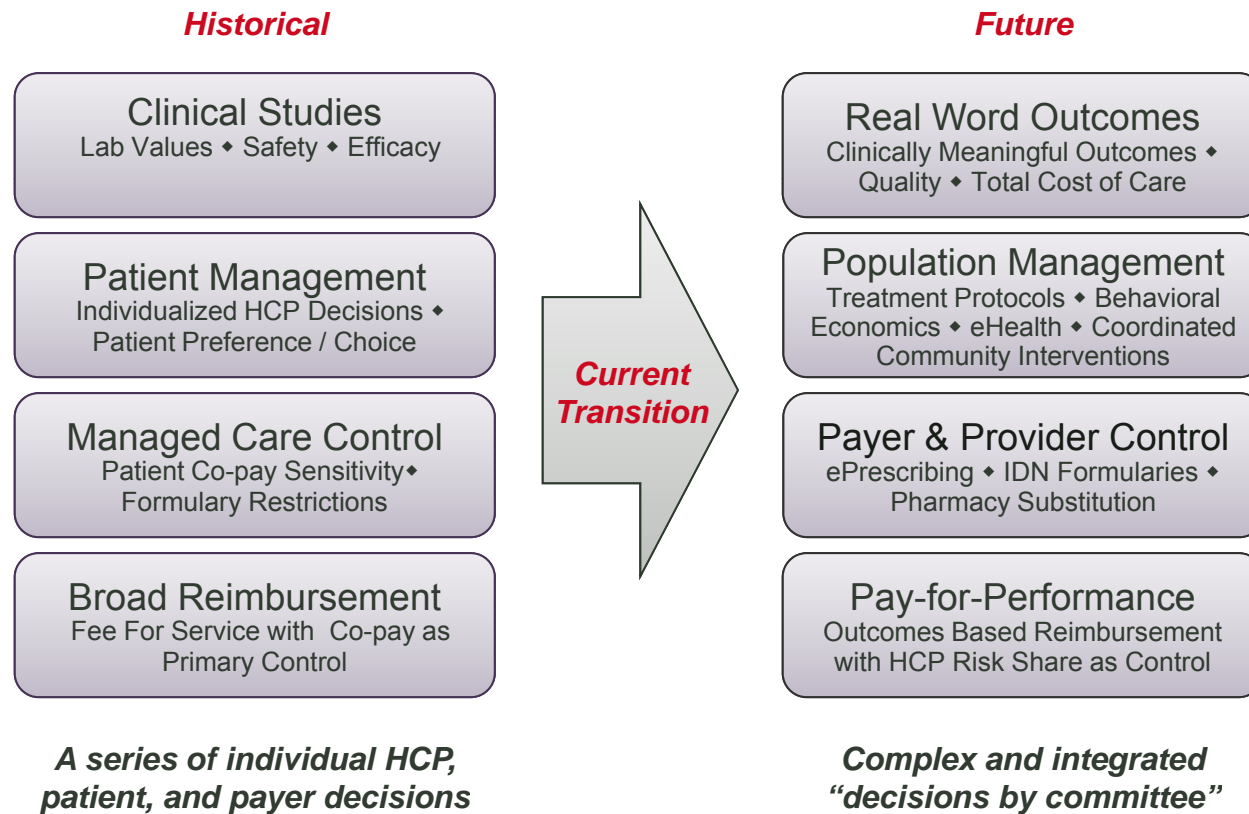
Obesity Treatment in an Evolving Healthcare Environment

Charles Baum, MD,MS

Takeda Pharmaceuticals

Accountable Healthcare: Implications for Pharmaceutical Manufacturers

Integrated Healthcare with emphasis on quality, cost containment and risk-sharing strategies are driving value-based pricing for pharmaceuticals



HCP: Health Care Professional
IDN: Integrated Delivery Network

Obesity Impacts Accountable Care

- Obesity increases health risk
 - Increased morbidity from a number of co-morbidities (e.g., diabetes, sleep apnea, cancer)
 - Shortened life span
- Obesity increases healthcare cost
 - Pharmaceuticals, inpatient, outpatient and procedures
- Obesity reduces functional performance
 - Impacts learning and school performance
 - Workplace productivity and absenteeism

Successful Weight Management Requires a Systems Approach

- Community considerations
 - Healthy communities (healthy food access, built environment, schools, faith-based approaches, workplace initiatives)
 - Integration of public health and healthcare systems
 - Patient considerations
 - Motivation and incentives (behavioral economics)
 - Provider considerations
 - Multiple effective treatment options with synergy to behavioral, lifestyle and public health interventions
 - Prescription weight loss medications provide an efficient tool for initiation and induction treatment
 - Ability to track and measure relevant outcomes: disease outcomes, healthcare cost, patient experience (QOL, productivity, absenteeism)
 - Access to low cost wrap-around services such as mobile apps and eHealth
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Practice-Based Obesity Intervention: Effect on Clinical Outcomes and Costs

Rothberg et al. Obesity (2013)

- Patient population: Members of Michigan's Blue Care Network (BCN) Healthy Blue Living commercial product
 - Behavioral incentives - reduced co-payments for participation in health promotion programs (savings of ~\$800 PMPY) drove high rates of participation and retention
 - Providers compensated for participation
 - 10% reduction in premiums to employers for participants
- Intervention: VLCD (HMR) weight management program (WMP)
- WMP (pre-post comparison)
 - Weight loss (pre BMI – 40.4, post BMI – 36.2) - 11%
 - Significant improvement in HgbA1c, BP, Depression
 - Healthcare costs (pre – \$6,252, post – \$5,556) - 11% (driven by a 40% reduction in inpatient costs)
 - During the same time frame, members who chose not to participate in Blue living product had increases in HgbA1c, depression and costs (\$1,236 – 23% increase).

Conclusions

- Behavioral economic incentives are useful in motivating patients to maintain weight loss efforts
- Modest degrees of weight loss can improve health outcomes and overall healthcare costs
- Ongoing efforts to align public health and healthcare goals will enhance obesity treatment outcomes
- Real-life studies confirm the positive outcomes observed in randomized controlled trials and provide the data needed to assist in insurance coverage decisions