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Obesity Treatment in an Evolving Healthcare Environment

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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.

**Historical**

- Clinical Studies
  - Lab Values • Safety • Efficacy
- Patient Management
  - Individualized HCP Decisions • Patient Preference / Choice
- Managed Care Control
  - Patient Co-pay Sensitivity • Formulary Restrictions
- Broad Reimbursement
  - Fee For Service with Co-pay as Primary Control

**Future**

- Real Word Outcomes
  - Clinically Meaningful Outcomes • Quality • Total Cost of Care
- Population Management
  - Treatment Protocols • Behavioral Economics • eHealth • Coordinated Community Interventions
- Payer & Provider Control
  - ePrescribing • IDN Formularies • Pharmacy Substitution
- Pay-for-Performance
  - Outcomes Based Reimbursement with HCP Risk Share as Control

A series of individual HCP, patient, and payer decisions

Complex and integrated “decisions by committee”

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
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.