

## SIGN OF THE TIMES

## CMS to Reimburse for Intensive Obesity Treatment in Primary Care: A Step in the Right Direction

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Medicare announced on November 29, 2011, that it will now reimburse primary care physicians (PCPs) for intensive behavioral counseling for obesity (BMI at least 30 kg/m<sup>2</sup>).<sup>1</sup> Specifically, Medicare will pay for a face-to-face visit every week for four weeks, every other week during months two through six, and every month during months seven through 12. (Reimbursement for months seven through 12 depends on the patient losing at least 3 kg during the first six months.) This counseling must be done by the PCP or another clinician in the primary care setting (e.g. nurse practitioner, clinical nurse specialist, or physician assistant). Given that more than one third of the US adult population is obese,<sup>2</sup> CMS's plan for reimbursement is clearly a step in the right direction.

### How will CMS's decision change practice?

This decision fulfills recommendations made by the US Preventive Services Task Force (USPSTF) in 2003, in which PCPs were advised to screen all adult patients for obesity and offer intensive behavioral counseling for their obese patients (at least twice monthly for the first three months) or to refer their patients to such programs.<sup>3</sup> Despite these recommendations, studies since the USPSTF guidelines were released have documented that PCPs do not always counsel patients about their weight.<sup>4</sup> Lack of reimbursement has long been cited as a major barrier to the provision of counseling.<sup>5</sup>

CMS's decision to reimburse for weight loss counseling eliminates

this critical barrier and is considered a major step forward by obesity experts, as it brings treatment into the primary care office in a way never done before. By paying for physician time to discuss weight, the decision legitimizes the importance of the topic in contributing to the burden of obesity-related illnesses in primary care. Similarly, it offers patients the opportunity to receive counseling that they might otherwise have to pay for out of pocket (for example, by joining a commercial weight loss program). We hope that private insurance payers will follow Medicare's lead and make intensive counseling available to all patients.

### What is missing in CMS's plan?

Most PCPs will need at least some additional training to be comfortable engaging in intensive obesity treatment. PCPs will need to become very comfortable talking to patients about weight and treatment options. Specifically, PCPs will need to be at ease when introducing the topic of weight, discussing the medical benefits of moderate weight loss (10% of starting weight), and providing a range of treatment options. These treatment options should include a combination of self-monitoring (using paper and pencil or web resources), realistic goal setting, discussion of the pros and cons of various self-directed diets (e.g. low carbohydrate, high protein), use of meal replacements, and potentially weight-loss medications and/or surgery. PCPs will need to become comfortable with new skills such as reviewing patients' food records and doing brief motivational interviewing. Currently, physicians report poor

competency in many of these areas.<sup>6</sup> Improved education of PCPs regarding evidence-based counseling strategies, such as the use of the five As (Assess, Advise, Agree, Assist, Arrange), is essential to ensure these CMS codes are used effectively.<sup>7</sup>

### What training programs are available?

To successfully counsel obese patients, several options for additional training are available. For those PCPs who wish to become more expert in weight management, 13 professional societies, including the American Heart Association and American Dietetic Association, have teamed to create the "Certified Obesity Medical Physician." This training program is expected to be available in late 2012 (<http://www.obesity.org/certification/comp.htm>). For PCPs who desire a less-intensive exposure but still want more training, there are several one- to two-day continuing medical education courses in obesity evaluation and treatment (Cleveland Clinic, Harvard obesity course, Obesity Society pre-course). In addition to improving their nutrition knowledge and weight management counseling skills, PCPs can familiarize themselves with weight management resources in their health systems and communities (e.g. YMCA Diabetes Prevention Program, VA MOVE! Program).

### How much will we as PCPs impact the obesity epidemic through the provision of intensive counseling?

In proportion to the US obesity epi-  
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demic, the effect size will likely be modest. As a society, we'll get much larger effects through policy changes that make healthy food choices more accessible and more affordable, as well as prevention efforts that make healthy eating and increased physical activity the default option. However, we must embrace our important role in the treatment of obesity, as we are the providers that patients see most frequently. Our role should be to provide high-quality counseling with ample follow up in order to empower patients and encourage their efforts at weight management.

### References

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