

# AAACE/ACE CONSENSUS CONFERENCE ON OBESITY: BUILDING AN EVIDENCE BASE FOR COMPREHENSIVE ACTION

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JW MARRIOTT | WASHINGTON, DC



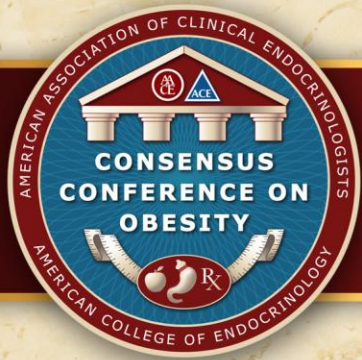


# Biomedical Pillar

## Can the optimal framework be cost-effective?

- Consider short- and long-term outcomes.
- For children, often involves the entire family. Stability and sustainability of hospital-based pediatric programs is limited by lack of reimbursement and reliance on grant funding. Excess annual health care costs of \$7,000 per person. For every hospitalized pediatric patient, \$1,200 in excess hospitalizations.



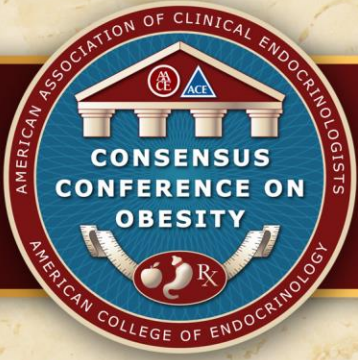


# Biomedical Pillar

## Can the optimal framework be cost-effective? (cont'd)

- Data is needed regarding lifestyle intervention in younger, less complex patients
- Bariatric surgery cost-effectiveness studies generally indicate that the cost of the intervention results in QALYs below \$50,000. Return of investment takes place in fewer than 3 years.



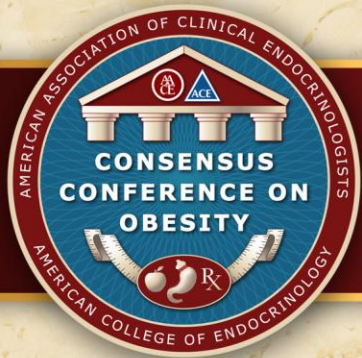


# Government & Regulatory Pillar

## Can the optimal framework be cost-effective?

- Consensus
  - Unproven
- Conflicts
  - None
- Knowledge gaps
  - Research methodology and durability of findings
  - Need knowledge on effectiveness of environmental interventions
  - Current metrics are insufficient



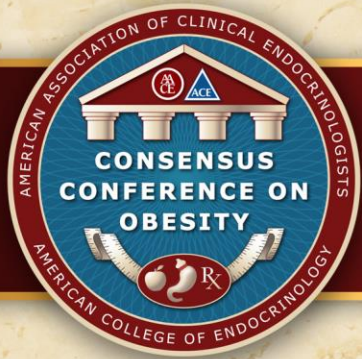


# Health Industry & Economics

## Can the optimal framework be cost-effective?

- Suggest replacing cost-effective with value:
  - Individual, Society
  - “Not everything that counts can be counted, and not everything that is counted counts” – Albert Einstein
- Large scale prospective cohort studies provide important information
- Important metabolic and clinical endpoints of weight loss have been demonstrated (blood pressure, glucose, lipids, sleep apnea, inflammatory and degenerative arthritis, mobility) – and can be quantified – the basis for value





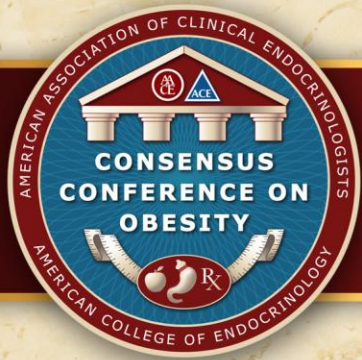
# Health Industry & Economics

Can the optimal framework be cost-effective?

What metrics?

- How much?
- For whom?
- Over how long a time duration?
- Global (obese cost more, lowering obesity lowers cost)  
vs. specific examples
- Does it matter if RX does not save money??
- What is the cost of inaction?



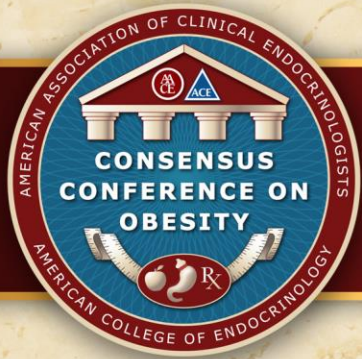


# Health Industry & Economics

## Cost-effectiveness (cont'd.)

- Nature and extent of evidence
  - Modeling vs hard data
  - Studies
- The Value Proposition
  - *Targeting and stratifying individuals: demographic, comorbidities, responsiveness*
  - Value for *modest* weight loss
  - Value for the young (legacy effect)
  - *Volunteerism*: older kids coaching younger, community service opportunities, elders
  - *Analogous to anti-smoking, drunk driving, substance abuse*

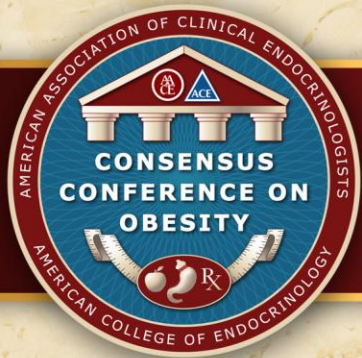




# Health Industry & Economics

- Accept that RCTs with hard end points to prove financial benefit not available and may never be
- Data base studies stymied by lack of consistent coding





# Organizations, Education & Research Pillar

## Can the optimal framework be cost-effective?

### – Consensus

- Yes
- Lifestyle has data (Diabetes Prevention Program and Look Ahead)

### – Gap

- Need long term data, economic data, sequence of modalities and medication combinations
- Cost effectiveness may be based on risk stratification
- Defining cost-effectiveness varies based on population vs individual outlook and approaches