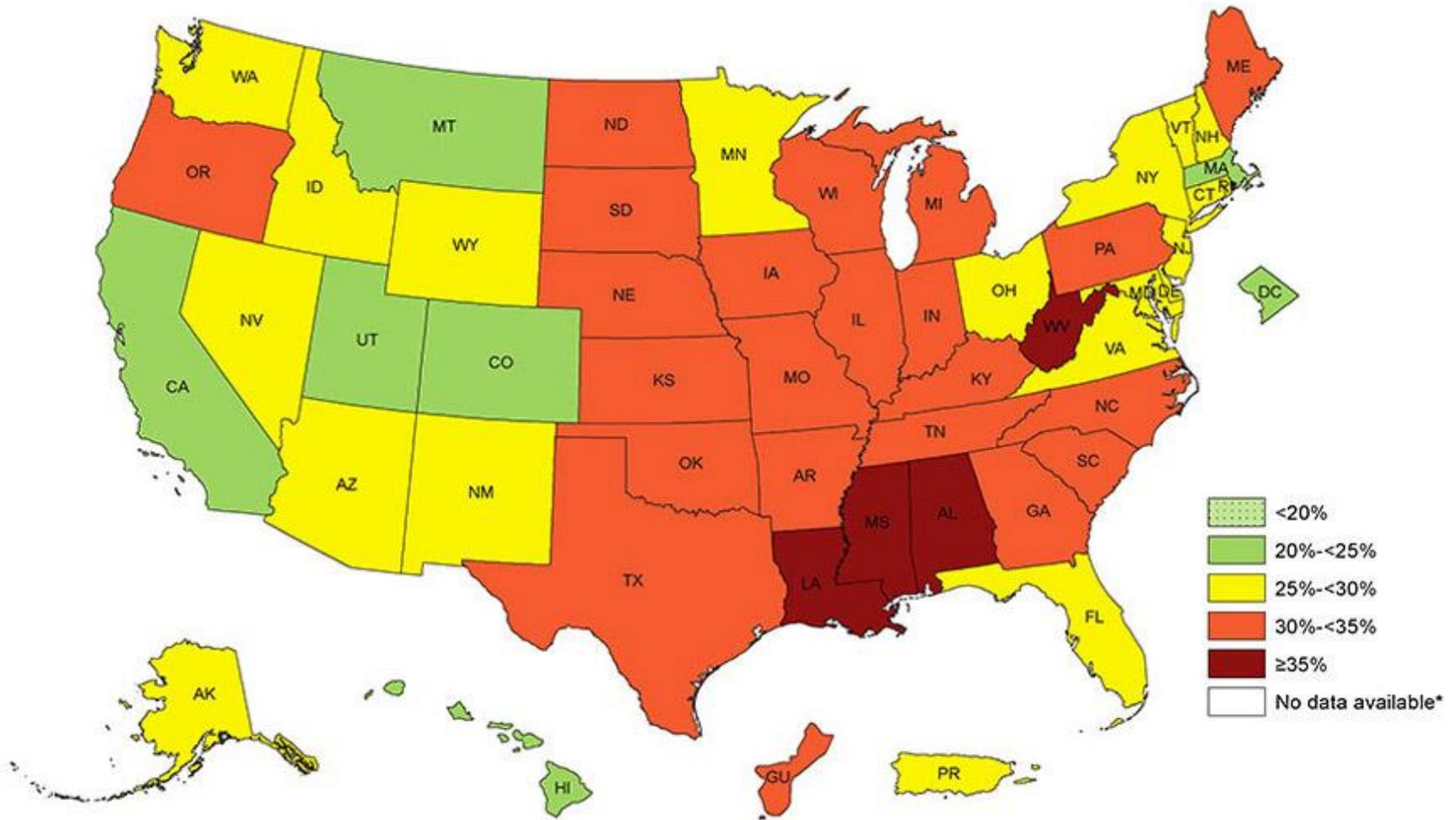


Treatment Challenges with Obesity Therapy [and Prevention?]

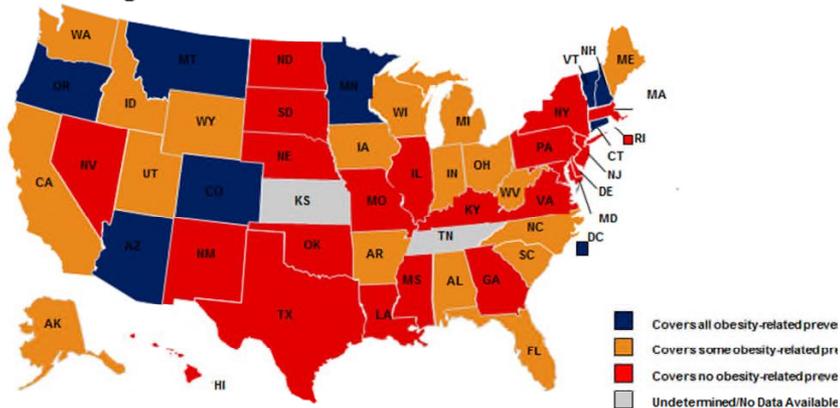
- Who **pays** for obesity-related goods and services?
- Are the **services** offered **effective AND efficient [long term]**?
- **Who** can deliver the services effectively AND efficiently?
- **Where** should we **concentrate** our **resources** to combat obesity?

Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2015



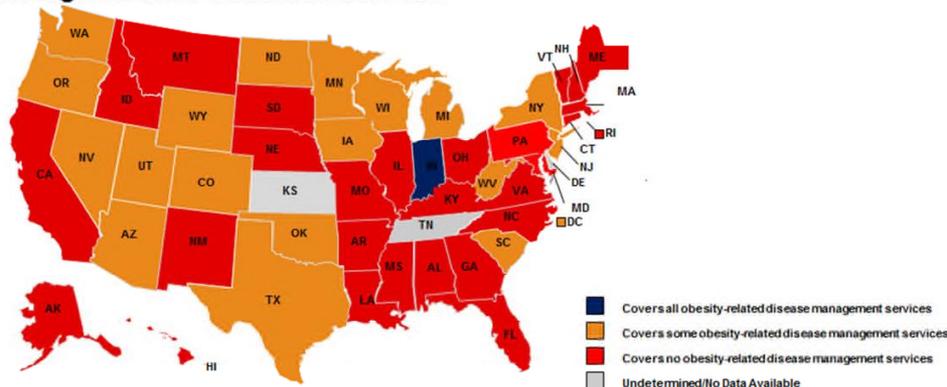
<http://www.cdc.gov/obesity/data/prevalence-maps.html>

Map 1: Medicaid Coverage of Obesity-Related Preventive Counseling Services



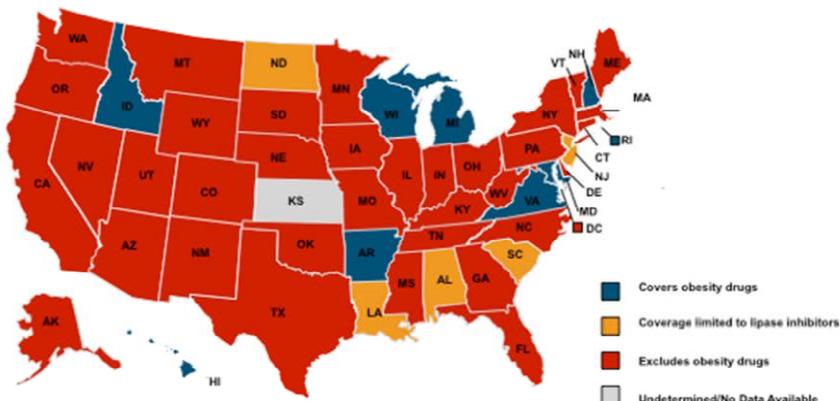
Source: Provider Manuals and CPT Code Search of Provider Fee Schedules
 Note: Common Preventive Services are defined as CPT codes 99401-99404 and 99411-99412

Map 3: Medicaid Coverage of Obesity-Related Disease Management and Education Services



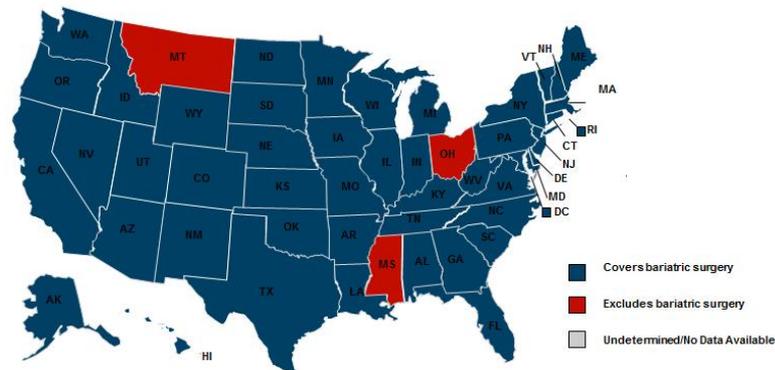
Source: Provider Manuals and CPT Code Search of Provider Fee Schedules
 Note: Common Disease Management Services are defined as CPT codes 99078, S0315-S0316, S9445-S9446, and 98960-98962

Map 5: Medicaid Coverage of Obesity Drugs



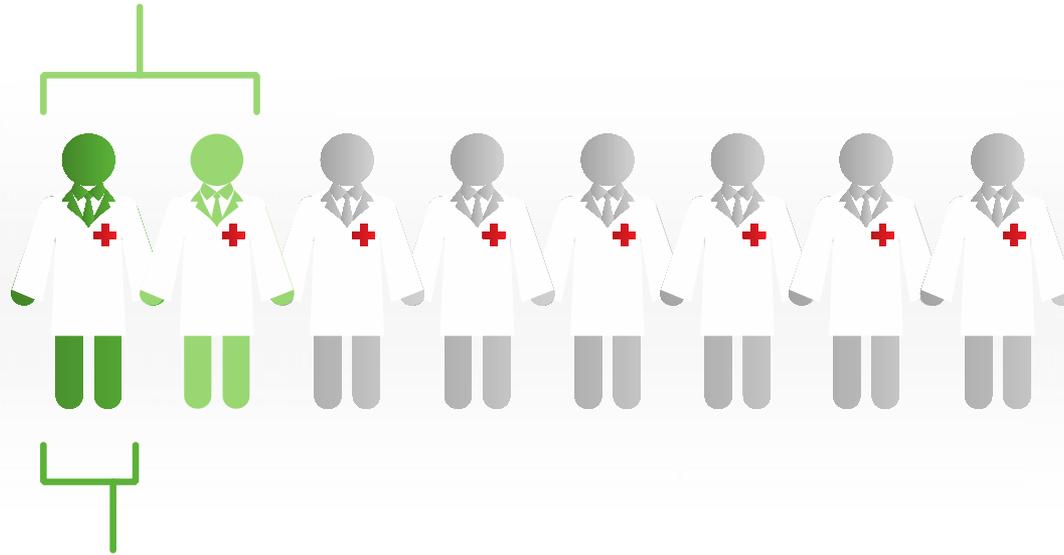
Source: State Provider Manuals

Map 6: Medicaid Coverage of Bariatric Surgery



Source: State Provider Manuals

LESS THAN **1/4** OF PHYSICIANS FEEL THEY RECEIVED ADEQUATE TRAINING
IN COUNSELING PATIENTS ON DIET OR PHYSICAL ACTIVITY

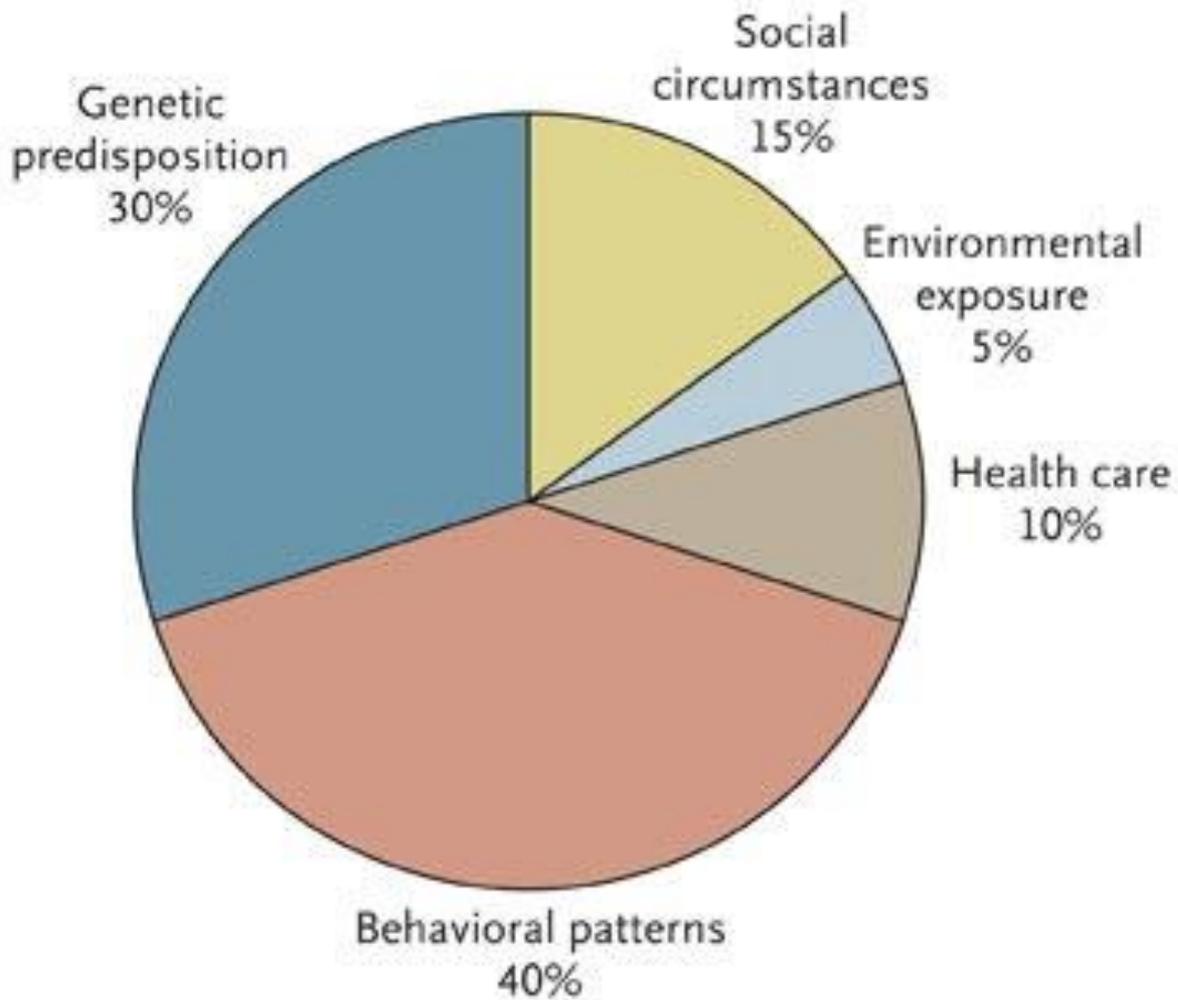


LESS THAN **1/8** OF MEDICAL VISITS INCLUDE COUNSELING FOR NUTRITION

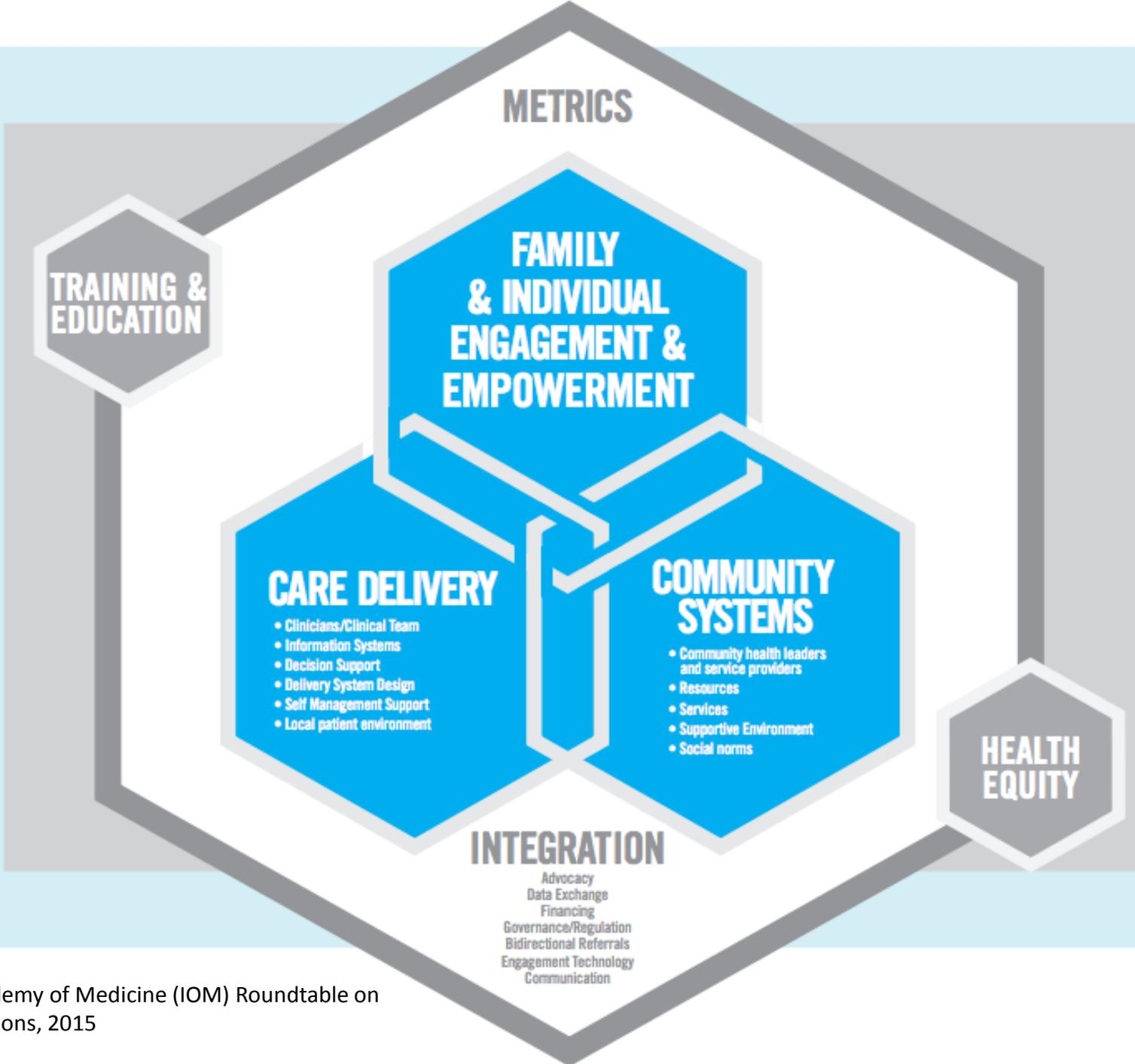
FEWER THAN **30%** OF MEDICAL SCHOOLS
ARE MEETING THE MINIMUM NUMBER
OF HOURS RECOMMENDED BY THE
NATIONAL ACADEMY OF SCIENCES



Proportional Contribution to Premature Death



POPULATION HEALTH



National Academy of Medicine (IOM) Roundtable on Obesity Solutions, 2015