Equity and GLP-1 Agonists

PRESENTED BY
FATIMA CODY
STANFORD

Fatima Cody Stanford, MD, MPH, MPA, MBA, FAAP, FACP, FAHA, FAMWA, FTOS
Massachusetts General Hospital/ Harvard Medical School

Table 2 | Barriers and solutions to widening access to GLP-1 agonists for the treatment of obesity

Actor	Barriers	Solutions
Healthcare professionals	Lack of education Safety concerns Anti-obesity stigma and weight bias	Improved training within medical school and residency Knowledge acquisition via continuing medical education (CME) requirements Cultural competency training Training in implicit bias, weight bias and the effects of weight stigmatization Use of people-first language and neutral weight terminology
Patients	Safety concerns Long-term use required High cost	Enable patient understanding of obesity as a chronic disease requiring long-term therapy Improve healthcare provider efficacy in educating patients on the risks and benefits of starting and continuing anti-obesity pharmacotherapy Improve access, regardless of ability to pay, through better insurance coverage and third-party payer discounts
Insurance companies	Long-term use required High cost	Facilitate greater access to improve cost sharing Remove anti-obesity pharmacotherapy with less efficacy and undesirable side effects (such as orlistat)
Governmental regulatory agencies	Anti-obesity stigma and bias Safety concerns	Follow medical society and drug manufacturer guidelines Evaluate more clinical data on safety and efficacy endpoints to support long-term use
Drug manufacturers	Safety concerns Long-term use required	Conduct more studies specifically analyzing long-term use, thereby acquiring clinical data on long-term safety and efficacy endpoints.

Waldrop SW, Johnson VR, Stanford FC. Inequalities in the provision of GLP-1 receptor agonists for the treatment of obesity. Nat Med. 2024 Jan;30(1):22-25. doi: 10.1038/s41591-023-02669-x. PMID: 38172631; PMCID: PMC10921848.