Proposed OEBB Severe Obesity Program
Potential Options (2012-2013 Plan Year)

1) Proposed Severe Obesity Program

In 2009 and 2010, SEOW recommended the Board add a severe obesity program (bariatric surgery) to address the health and cost impacts of obesity in the OEBB population. The recommendation was to limit bariatric surgery to gastric bypass and only for those members who successfully complete the program and meet certain health and pre-evaluation requirements. Surgeries are limited to accredited bariatric surgery Centers of Excellence and the Kaiser Sunnyside facility. The 2009 recommendation included $1,000 member copayment for the procedure while the 2010 procedure included a $500 copayment.

Due to cost, the Board declined to include the severe obesity program in the OEBB medical plans for the 2010-2011 or 2011-2012 plan years. Since that time, OEBB has received inquiries from members about the possibility of including bariatric surgery as a covered benefit under OEBB medical plans. In response, SEOW asked carriers and staff to provide suggested options for a more affordable severe obesity program benefit for review. Below are set of proposed options with estimated premium impacts (2012-2013 Plan Year) for SEOW to consider.

a) Option A – Proposed Severe Obesity Program (2011-2012 Plan Year)

Option A provides all members with access to an OEBB severe obesity program provided by OEBB medical carriers. Members who successfully complete the program and meet certain health and pre-evaluation requirements are eligible for gastric bypass surgery (Roux-en-Y) performed at an accredited Centers of Excellence or the Kaiser Sunnyside facility.

Carrier	Proposed Severe Obesity Program (2011-2012 Plan Year)		
	$500 Copay	$1000 Copay	$2000 Copay
Kaiser	0.19%	0.19%	0.17%
ODS	1.62%	1.51%	1.30%
Providence	1.39%	1.36%	1.34%

<u>Pros</u>

- Addresses health care issues in the severely obese and morbidly obese.
- Provides greatest access to members who meet the program eligibility requirements.

Cons

- Largest premium impact on medical plans.
- Inclusion denied by the Board due to cost in the 2010-2011 and 2011-2012 plan years.

b) Option B – Limited Criteria (BMI 35-39.9)

Option B reduces the premium impact of the severe obesity program by limiting bariatric surgery for eligible members (BMI 35-39.9) to those who meet the diabetes, hypertension or congestive heart failure criteria.

Carrier	*Limited Criteria (BMI 35–39.9)		
	$500 Copay	$1000 Copay	$2000 Copay
Kaiser	0.19%	0.17%	0.15%
ODS	1.55%	1.44%	1.24%
Providence	1.30%	1.28%	1.26%

Pros

- Addresses health care issues in eligible members with three prevalent chronic diseases (diabetes, hypertension, and congestive heart failure).

Cons

- Reduces overall premium rate impact by less than a tenth of a percent.
- Does not address health care issues in the severely obese (BMI 35 -39.9) who meet other clinical indicators (sleep apnea, etc.) currently proposed for the program/benefit.

c) Option C – Subscribers Only

Option C reduces the premium impact of the severe obesity program by limiting it to OEBB subscribers who meet the health and eligibility requirements of the program.

Carrier	Subscribers Only		
	$500 Copay	$1000 Copay	$2000 Copay
Kaiser	0.11%	0.10%	0.08%
ODS	0.82%	0.77%	0.66%
Providence	0.80%	0.79%	0.78%

Pros

- Reduces overall premium rate impact by just under one and a half percent.
- Addresses health care issues in subscribers eligible for the program.
- Provides a limited benefit that can be expanded later based on experience and outcomes

Cons

- Not accessible to dependents eligible for the program.
- Doesn't address health care issues in dependents eligible for the program.

d) Option D – Subscribers Only with Limited Criteria (BMI 35-39.9)

Option D reduces the premium impact of the severe obesity program by limiting it to OEBB subscribers **and** by limiting bariatric surgery for eligible subscribers (BMI 35-39.9) to those who meet the diabetes, hypertension or congestive heart failure criteria.

Carrier	Subscribers Only/Limited Criteria (BMI 35-39.9)		
	$500 Copay	$1000 Copay	$2000 Copay
Kaiser	0.10%	0.09%	0.08%
ODS	0.79%	0.73%	0.63%
Providence	0.76%	0.74%	0.73%

Pros

- Reduces overall premium rate impact by approximately one and a half percent.
- Provides a limited benefit that can be expanded later based on experience and outcomes.

Cons

- Not accessible to dependents eligible for the program.
- Doesn't address health care issues in dependents eligible to the program.

e) Option E – Limited Network (ODS and Providence)

Option E examines the possibility of reducing the network of available Centers of Excellence where bariatric surgeries can be performed through a proposed OEBB severe

obesity program. Carriers are currently evaluating the possibility of a limited network and will provide further information at the SEOW meeting regarding the potential cost impact and surrounding issues.

2) SEOW Actions Needed

- Determine what recommendation should be forwarded to the OEBB Board regarding a proposed OEBB Severe Obesity Program for the 2012-2012 plan year.
- Determine what copayment should be included with the recommendation.

3) Bariatric Surgery Criteria for Proposed Severe Obesity Program

Bariatric Surgery Criteria
BMI≥35 with one or more co-existing conditions that can be life-threatening. • **Sleep apnea** uncontrolled on Continuous Positive Airway Pressure (CPAP) or inability to use CPAP with an Apnea/Hypopnea Index (AHI) > 15 on sleep study *or* inability to use CPAP with an AHI > 5 and documentation of excessive daytime sleepiness, impaired cognition (ability to think clearly), mood disorders or insomnia, hypertension, ischemic heart disease, or history of stroke • **Congestive heart failure (CHF) or cardiomyopathy** with a participating cardiologist recommendation for bariatric surgery • **Obesity hypoventilation and PC02 >= 45** and a participating pulmonologist recommendation for bariatric surgery • **Diabetes mellitus uncontrolled with conventional medical therapy** that includes high dose insulin (at least 2 units/kilogram/day) together with an insulin sensitizing oral agent *i.e.* Metformin or Pioglitazone (or documented intolerance to insulin sensitizing oral agents) and HbA1c persistently above 7.5 or endocrinologist recommendation for bariatric surgery • **Severe hypertriglyceridemia** (> 1000 mg/dl) uncontrolled with conventional medical therapy that includes trial of at least two fibrate drugs and therapeutic doses of omega-3 fatty acid (6 grams daily), as well as alcohol avoidance or a participating endocrinologist recommendation for bariatric surgery • **Hypertension (high blood pressure) with blood pressure > 140/90 (130/80 in the presence of diabetes or renal (kidney) disease)** documented on two consecutive visits despite use of three antihypertensive medications including a diuretic (increases urination), unless contraindicated • **Refractory extremity edema with ulceration** documented by a participating primary care provider • **End-stage renal disease with difficulty dialyzing** documented by a participating nephrologist (kidney specialist) • **Gastroesophageal reflux** not controlled with medical management documented by a participating gastroenterologist or general surgeon or presence of Barrett's Esophagus • **Stress incontinence related to obesity** and a participating urologist recommendation for bariatric surgery • **Pseudotumor cerebri documented** by a participating neurologist
BMI is > 40 Kg/m2 *with one or more of the* ***above*** *co-morbid conditions* ***and/or***: a. Symptomatic degenerative (deteriorating) joint disease of hip, knee or ankle with abnormal x-rays

Bariatric Surgery Criteria
BMI > 50 Kg/m2 (no co-morbid condition required) and: • Be ≥ 18 years old and general health adequate to tolerate surgery. • Have documentation in the medical record or referral that the member has been previously unsuccessful with medical treatment for obesity. a. Practitioner documentation of <u>one</u> of the following must occur: • Minimum of 6 month participation in a recognized commercial behavioral weight management program. The treatment program must include hypocaloric diet changes, nutrition education, physical activity, and behavior change strategies. • Minimum of 6 month participation in a Physician, Nurse Practitioner, Physician Assistant, Registered Dietician, or Licensed Behavioral Therapist supervised weight loss program, with or without obesity pharmacotherapy. • Three or more primary care visits over a minimum of 6 months with weight management treatment and follow-up plan, in the progress note. • Participation and completion of a 12 week health education weight management program.
BMI>60 a. BMI>60 and/or members 60 years of age or higher surgical risks; • Decisions regarding the appropriateness of surgery will be made individually based on rehabilitation potential and the physician and surgeon's judgment regarding surgical risk and likelihood of benefit. b. For members with a body mass index between 60 and 70, decisions regarding surgical timing will be made individually based on rehabilitation potential and the physician and surgeon's judgment regarding surgical risk and benefit. c. Surgery is not felt to be appropriate for extreme levels of obesity (BMI >70) and non-surgical strategies for weight loss will be recommended.