

## Weighing the Issue of Obesity in the Workplace

The skyrocketing number of obese Americans is boosting the risk of severe health problems among employees and creating new issues for employers engaged in self-funded insurance programs. At a recent Alliance Learning Circle event, *Weighing the Issue of Obesity in the Workplace*, Nov. 11, 2008, in Madison, employers were able to learn more about and discuss this timely topic.

Three experts presented evidence showing that the alarming rise in obesity calls for a significant shift in the way employers approach issues related to employees' weight, from how they stock the vending machines to deciding whether to pay for gastric bypass surgery.

### Understanding Obesity Trends

Measurements of obesity are typically based on calculations of body mass index (BMI), which compares a patient's body weight to height. Obesity begins with a BMI of 30 or above; patients with a BMI of more than 40 are classified as "morbidly obese."

Overall, "One in three of us are obese, and about 5% are morbidly obese," said Susan Reinhardt, RN, BSN, CBM and the UW Health Bariatric Surgery program manager. The growing trend toward obesity among adults holds true regardless of gender, income, or age group.

Through 1989, states with the heaviest population fell into two categories — less than 10% obese and 10-to-14% obese. In 2005, an examination of obesity showed just three states had an obese population in the 15-to-19% range. The remainder of the states fell into three categories: 20-to-24% obese, including Wisconsin; 25-to-29% obese; and more than 30% obese.

Reinhardt pointed out that 17% of children ages 2 to 19 are overweight, indicating that the obese population will continue to grow steadily. "The children of today are the workforce of tomorrow," Reinhardt noted.

Obesity contributes to higher health costs, increasing annual medical costs by 37% when compared to costs for individuals with a healthy weight. Employers also experience higher costs in the form of higher premiums for health, life and disability insurance, as well as additional paid sick leave.

### More Weight, More Risk

Health care costs increase with the degree of obesity, Reinhardt said. That's particularly significant given that the percentage of Americans with a BMI over 50 has quadrupled in the last 20 years, moving from one in 200 Americans two decades ago to one in 50 today.

"The fat that we see on the outside is also on the inside," Reinhardt said. "It affects every disease and every organ."

Becoming obese is not simply a matter of consuming more calories than you burn. Reinhardt cited up to 20 factors that can play a part in prompting Americans to put on weight, including genetic

### Higher Body Mass Index Means Higher Risk

A BMI over 30 is linked to:

- 55% increase in mortality
- 70% increase in coronary artery disease
- 75% increase in stroke
- 400% increase in diabetes

Source: American Obesity Association

factors, individual metabolic differences, medications, cultural and societal issues, history of exposure to traumatic stress, and even the bacteria found within the digestive system.

Despite surveys showing that 85% of Americans believe obesity is a disease, obese Americans encounter negative bias in schools and workplaces. Physicians and health care workers may share this bias, which can lead to poor care of underlying factors and may sometimes prompt obese people to avoid treatment.

#### **How to Foster a Healthy Workplace**

- Provide time for exercise
- Support healthy food choices
- Provide incentives
- Enhance benefit design and employee education

“It makes prevention very difficult,” Reinhardt said. She adds that if obesity could be countered by diets or medications, the \$50 billion spent annually by Americans seeking to lose weight would have achieved better results. Employers can contribute by fostering a healthy workplace (see box).

“The biggest thing to take away is to realize obesity is complex and it is a disease and there are multiple reasons for it,” Reinhardt said. She said effective weight management programs address all four components of weight loss — diet, physical activity, behavior modification, and medications or surgery.

#### **The Bariatric Surgery Option**

Bariatric surgery provides an option for patients who cannot lose weight with other methods, according to Michael Garren, MD, FACS, co-medical director of the UW Health Bariatric Surgery Program and assistant professor of surgery for the University of Wisconsin Medical School.

Garren said Center of Excellence (COE) standards have created data-driven health practices that reduce complications and increase the long-term success of weight loss among obese patients. The UW Health Bariatric Surgery Program is one of seven COEs in the state of Wisconsin.

Patients with a BMI over 40 are eligible for surgical treatment in the UW program. Garren said non-surgical treatment for these patients has a failure rate of almost 100%.

Bariatric surgery is able to reduce and even resolve numerous health problems, with type 2 diabetes resolved or “cured” in more than 83% of morbidly obese patients, according to a study published in the Journal of the American Medical Association. Three-fourths of bariatric surgery patients with diabetes were able to completely discontinue insulin.

**“Why bariatric surgery? Because nothing else works.”**

*-- Dr. Michael Garren*

“I would challenge any insurance provider to find any other treatment for anything that gives those kinds of results,” Garren said.

Equally important, a study titled “Long Term Mortality after Gastric Bypass Surgery,” which was published in the New England Journal of Medicine in 2007, found that deaths were reduced by 40%.

## **A Comprehensive Approach**

Currently, only about 2% of patients who qualify for surgical treatment pursue this option. Garren noted that surgical treatment must be combined with pre- and post-surgical treatment to be effective. "Surgery is probably a minor part of the process they go through," Garren said.

Psychological assessment is essential to determine whether the patient is ready for the surgery and how well they will adjust afterwards. Lifestyle changes are required to sustain weight loss, yet some insurers still choose to pay for the surgery but not the post-surgical counseling and follow-up care.

Most surgical procedures for obesity fall into two categories. The gastric bypass is a "malabsorptive" procedure because it uses surgery to reduce the size of the stomach and reroute the intestines so fewer calories can be taken in and absorbed. Performing this surgery laparoscopically through multiple small incisions reduces recovery time and complications when compared to earlier surgeries involving a single large incision. After surgery, the patient typically loses weight steadily for eight to 14 months.

An alternative is gastric banding, a "restrictive" procedure that places a band around a small portion of the stomach to restrict the consumption of food. Because there are no permanent alterations to the patient's anatomy, this surgery is relatively simple. Weight loss generally takes two to three years, with overall weight loss generally about 10% less than is achieved by a gastric bypass procedure.

## **An Economic Perspective**

Gastric bypass surgeries typically pay for themselves in reduced health costs within one to three years, according to John D. Dawson, FSA, MAAA, vice president and actuary at Willis National Actuarial Practice.

Dawson quoted a 2005 average cost for traditional surgery of \$25,000, and \$18,000 for laparoscopic surgery. Mortality rates for these surgeries have dropped below 1%, although complications still occur.

When self-insured health plans cover gastric bypass surgery, it is essential to make sure the employer's stop-loss insurance carrier is informed of the change and provides coverage for patients with complications, which can dramatically increase costs. It is also essential to ensure employees have access to a three-part program that includes pre-surgical care, the surgery itself, and post-surgical care management.

Dawson advised employers to avoid "gotcha" provisions that require employees to lose weight before qualifying for the surgery, and then disqualify them for falling below specific BMI guidelines. He noted that a well-designed bariatric surgery program can have a return on investment that surpasses many medical procedures that are already covered by insurance plans, such as open-heart surgery.

## **"Diabetes"**

- In the past two decades, the rate of diabetes has doubled in America.
- Diabetes increases the risk for heart disease six-fold and multiplies the risk of stroke by four.
- Diabetes is the most costly disease in America, consuming \$1 out of every \$7.
- A direct relationship exists between the obesity epidemic and an emerging epidemic of diabetes.

*Source: "Diabetes" by Dr. Katherine Kaufman*

“You’re going to get your money back in three years and after that you’re going to have healthier, happier employees,” Dawson said. “It seems to make economic sense.”

### **“Next Steps” for Employers**

1. Review your health plan to determine how obesity and morbid obesity impact costs.
2. Determine what your plan covers, including bariatric surgery options.
3. Based on your findings, decide what action to take.
4. Work closely with your claims administrator, care management firm, provider network and especially your stop-loss carrier.

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