

November 22, 2011

Virginia Moyer, MD, MPH
Chair, U.S. Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

Re: Draft Recommendations for the Screening and Management of Obesity in Adults

Dear Dr. Moyer,

On behalf of The Endocrine Society (Society), representing more than 14,000 physicians and scientists in the field of endocrinology, we appreciate the opportunity to provide comments to the U.S. Preventative Services Task Force (USPSTF) on its draft recommendations for screening and management of obesity in adults. Founded in 1916, the Society represents physicians and scientists engaged in the treatment and research of endocrine disorders, such as osteoporosis, diabetes, hypertension, infertility, obesity, and thyroid disease.

The Society supports the USPSTF's draft recommendation that physicians provide obesity screenings for patients with a body mass index (BMI) greater than 30 kg/m² and provide a referral to intensive, multicomponent behavioral intervention programs. The programs have been found to improve glucose tolerance and with the drastic rise in rates of diabetes, early interventions are critical to reduce complications stemming from this disease. However, the Society believes that overweight individuals with a BMI between 25 and 29 kg/m² with risk factors such as glucose intolerance and cardiovascular disease should also be screened and offered a referral to an intensive intervention program.

As rates of obesity have risen by 134 percent and the prevalence of overweight individuals has increased by 48 percent,¹ the Society believes that it is critical to screen for obesity as soon as possible. The co-morbidity of obesity with diabetes and other diseases is evident. According to the Centers for Disease Control, 54.8% of obese adults were diagnosed with diabetes.² As the USPSTF has found evidence that all behavioral modification interventions reduced incidences of diabetes and led to declines in fasting glucose levels in patients with prediabetes and diabetes, the Society believes that providing obesity screenings for overweight adults with a BMI of 25-29 kg/m² with glucose intolerance or a risk for cardiovascular disease and offering to refer these patients to a behavioral intervention program is warranted.

The USPSTF's draft recommendations state that patients who received behavioral interventions with a greater number of sessions (between 12 and 26) lost, on average, 6 percent of their baseline weight. While the USPSTF states that the higher-intensity interventions often include "management activities such as setting weight loss goals, improving diet/nutrition and increasing

¹ <http://www.uspreventiveservicestaskforce.org/draftrec5.htm>

² <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5345a2.htm>

physical activity, addressing barriers to change, self-monitoring, and strategizing how to maintain lifestyle changes,” the Society believes that it would be helpful to provide additional details about the components of these programs. For example, what is the definition of “intensive” behavioral interventions versus “moderate” or “low” intensity counseling? The USPSTF should consider whether there are guidelines that detail what is included in these interventions.

The Society believes that insurance coverage is critical for successful interventions to occur. Behavior modification programs are often not covered by insurance until bariatric surgery is deemed necessary and patients may not be able to afford higher-intensity interventions that are not covered by Medicare or other payers. As stated in the USPSTF’s findings, interventions were often too intensive and difficult to implement in a primary care setting. The Society recommends that the USPSTF consider who may provide behavioral interventions and whether these provider types will affect reimbursement. Medicare may not cover behavioral interventions rendered by a certified social worker but may when provided by a physician or nurse practitioner. These factors may affect the practical applicability of these recommendations on a broader scale. Patients who cannot afford intensive, multicomponent behavioral interventions will not seek these programs and insurance coverage will impact whether these programs are affordable. If Medicare and other payers fail to cover the intervention, additional screening may be fruitless.

The Society appreciates the opportunity to comment on the USPSTF’s draft recommendations for screening and management of obesity in adults. Please do not hesitate to contact Meredith Dyer, Health Policy Manager, at mdyer@endo-society.org, if we may provide any additional information as the USPSTF moves forward in developing these recommendations.

Sincerely,

A handwritten signature in black ink that reads "Janet E. Hall". The signature is written in a cursive style with a large, looping initial "J".

Janet E. Hall, M.D.
President
The Endocrine Society