weightwatchers

January 26, 2016

The Honorable Orrin Hatch
Chairman, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
U.S. Senate
Washington, DC 20510

The Honorable Johnny Isakson
U.S. Senator
U.S. Senate
Washington, DC 20510

The Honorable Mark Warner
U.S. Senator
U.S. Senate
Washington, DC 20510

Delivered by Email to: chronic_care@finance.senate.gov

Dear Chairman Hatch, Ranking Member Wyden, and Senators Isakson and Warner:

Weight Watchers International appreciates the opportunity to provide comments on the "Bipartisan Chronic Care Working Group Policy Options Document." We commend you for engaging a thoughtful review of policies to improve Medicare to better serve individuals with chronic conditions. Weight Watchers is committed to helping individuals achieve and maintain optimal health through evidence based services that help people manage their weight and reduce the severity of weight related chronic illness.

As we noted in our June 2015 letter submitting recommended Medicare policy changes, obesity and prediabetes are our nation's most significant public health problems associated with many debilitating chronic and acute conditions that undermine quality of life. And, evidence (reviewed extensively by the USPSTF) shows that intensive behavioral therapy or counseling for healthy lifestyle (weight management programs) when delivered in the community by trained peer leaders (termed primary care relevant programs by the USPSTF) is the most effective method of providing the weight management that slows progression of weight related chronic disease or prevent it altogether.

Weight Watchers supports the proposal to provide Medicare coverage for Diabetes Prevention when it is delivered by CDC recognized Diabetes Prevention Programs (DPP) and we urge the Working Group to enact provisions to provide such coverage. In addition, we offer comments on the questions raised in diabetes prevention proposal as well as several other policies addressing behavior change and weight management.

Comments on Questions and Proposals in "Bipartisan Chronic Care Working Group Policy Options Document":

Expanding Access to Prediabetes Education:

We support Medicare Part B coverage and reimbursement for evidence-based lifestyle interventions that help people at risk for type II diabetes reduce their risk of developing type II diabetes. We offer several recommendations and responses to questions posed by the Working Group on this proposal.

- Proposals to cover diabetes prevention programs (DPP) and to improve diabetes self-management training (DSMT) should be separate. DSMT is a well-established Medicare benefit for those who have diabetes (both Type I and Type II); it is focused on enabling patient self-management of the chronic condition of diabetes (both Type I and Type II). In contrast, there is no Medicare coverage of DPP and it delivers multicomponent evidence-based services to effect behavior change that prevent and slow development of Type II diabetes. Proposals to modify DSMT, which may also be important, should be separate from proposals to prevent type II diabetes, because they are two very different types of service intended to achieve very different outcomes.
- DPP delivery should be conducted only by CDC recognized DPPs and Medicare reimbursement should only be provided to CDC recognized DPPs (which are primarily not providers under the Medicare statute.) The CDC operates a recognition program that requires documentation of a program's ability to perform based on clinical evidence AND it tracks outcomes of patients treated by all recognized providers. In fact, the CDC recognition program requires outcome-based performance data reporting and is a model for outcome based care delivery.
- We urge the Working Group to consider a proposal (separate from DPP) to provide Medicare beneficiaries with Type I and Type II diabetes coverage for lifestyle management services, specifically designed to help them lose weight or manage their weight. Currently, the Medicare program provides drugs, DSMT (two visits that are focused on disease/drug/food management), and supplies – it does NOT cover the weight management that is clinically associated with improved A1c, reducing need for drugs, and lowering complication rates.

Expanding Access to Digital Coaching

We are concerned that the digital coaching proposal, which is described in the background document as a medical information content program, replicates what is currently and extensively available from medically expert organizations (for example Mayo Clinic, WebMD, and NIH all run medical information website services). We believe that CMS is not the right entity to provide this content, particularly when the marketplace already provides this information from world renowned experts. In addition, knowledge/information alone does not lead to behavior change associated with improved patient self-management or prevention of chronic conditions. Rather, proven behavior change strategies and interventions lead to lifestyle change and disease self-management. Many entities today do combine content with evidence based behavior change strategies effectively, and these evidence based behavior change strategies all include interactive, patient centered communication that may be delivered via click to chat, texting, video, or face-to-face visits. This proposal does not address nor does it offer access to evidence based behavior change interventions that lead to improved outcomes and that should define "coaching".

Study on Obesity Drugs

Weight Watchers appreciates and supports the Working Group's recognition that obesity is a multi-component disease that must be addressed. Obesity treatment is often subjected to limitations or exclusions stemming from bias, not from clinical evidence, and we note for the Working Group that the

full range of evidence based obesity therapy faces exclusion in the Medicare program too. **No other chronic condition faces exclusions of therapies that are the clinically tested standard of care.** Most specifically, every evidence based obesity therapy or intervention includes intensive behavioral therapy/counseling for healthy lifestyle. For example:

- The USPSTF recommends (B-rated) multi-component intensive behavioral therapy for those who are obese as a means to prevent weight related chronic disease, and the evidence base used for this recommendation relied on trained community based leaders (health educators).
- Labels on FDA approved pharmacotherapies for obesity direct that intensive behavioral therapy for healthy lifestyle is to be delivered in conjunction with the drug.
- The standard of care for obesity surgery and devices includes intensive behavioral therapy for healthy lifestyle.

And, the evidence overwhelmingly documents that the most effective and efficient approach to intensive behavioral therapy for healthy lifestyle is through community based programs. Yet, Medicare coverage for intensive behavioral therapy for healthy lifestyle, which should be delivered, regardless of which additional therapy is deemed best for the patient, excludes the very community based programs that are proven to be effective and are certainly more cost effective. We urge the Working Group to ensure that the important and concurrent therapy needed for obesity prevention, pharmacotherapy, and surgery is part of its strategy to improve Medicare for individuals with the chronic condition of obesity.

Modifications of Medicare are essential to provide Medicare beneficiaries with the tools, support, and treatments needed to address the highly complex, multi-factorial medical conditions of pre-diabetes and obesity. We are heartened to see the Working Group proposal to cover DPP along with steps to begin to address obesity.

Thank you for your leadership and work to advance policy and programs on this nation's most significant and costly public health issues. Please contact me if you have any questions or would like any additional information. I can be reached at Gary.Foster@weightwatchers.com.

Sincerely,

Gary Foster, Ph.D.
Chief Scientific Officer