


METATOC
Metabolic Tactical Operations Committee


August 18, 2023

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Disclosure

No relevant financial relationships to disclose

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Agenda

The Challenge

The Economic Reality

The Approach

The Challenge

Historical approach at Sentara has been very fragmented, unorganized and siloed

Competing interests within the system (i.e. Health Plan, PCPs, Hospitals, Independent Provider groups, Diabetic education, etc...)

Opportunity to make an impact on multiple fronts is significant, but we could never get any traction

Duplicative work being done throughout the system which only increases waste/cost unnecessarily

The Economic Reality

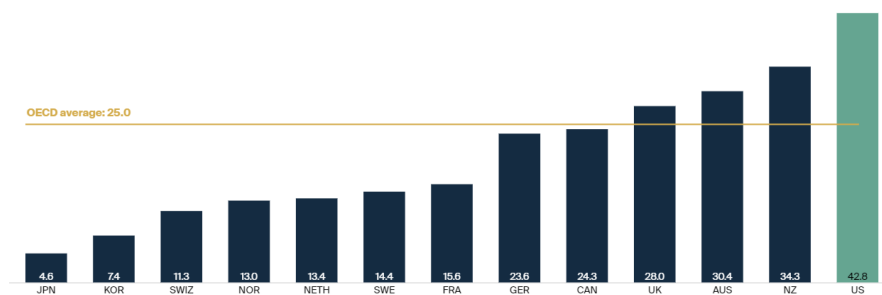
Economic Reality – Global Perspective

Obesity rate in the U.S. almost double that of OECD (*Organisation for Economic Co-operation and Development*) Avg (38 high-income countries)

[U.S. Health Care from a Global Perspective, 2022 | Commonwealth Fund](#)

The U.S. obesity rate is nearly double the OECD average.

Percent of total population that is obese



Notes: Obese defined as body-mass index of 30 kg/m² or more. Data reflect rates based on measurements of height and weight, except NETH, NOR, SWE, SWIZ, for which data are self-reported. (Self-reported rates tend to be lower than measured rates.) 2021 data for NZ; 2020 data for KOR, NETH, and SWE; 2019 data for CAN, JPN, NOR, UK, and US; 2017 data for AUS, FRA, and SWIZ; 2012 data for GER. OECD average reflects the average of 23 OECD member countries, including ones not shown here, which provide data on obesity rates.

Data: OECD Health Statistics 2022.

Source: Munira Z. Gujja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

Economic Reality – Global Perspective

The U.S. is 5% of the world's population but spends 50% of the World's healthcare dollar!

Obesity prevalence is anticipated to rise for men and women between 2020 - 2035 with nearly half of all adults (47% to 49%) predicted to be affected by obesity by 2035.

The annual economic impact of high BMI levels may approach US\$1.5 trillion (at constant 2019 dollars) by 2035, equivalent to 3.7% of the region's expected GDP.

[\(World Obesity Atlas 2023 | World Obesity Federation\)](#)



WORLD OBESITY

HOME ABOUT WHAT WE DO NEWS Q

Network Training & Events Resources

Economic impact of overweight and obesity to surpass \$4 trillion by 2035

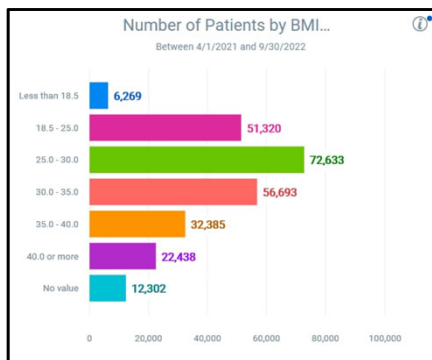
NEWS ECONOMIC IMPACT OF OVERWEIGHT AND OBESITY TO SURPASS \$4 TRILLION BY 2035 IN THIS SECTION

Economic impact of overweight and obesity to surpass \$4 trillion by 2035

Global study predicts that more than half the global population will be living with overweight and obesity within 12 years if prevention, treatment and support do not improve.

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Economic Reality – Current State BMI: SMG



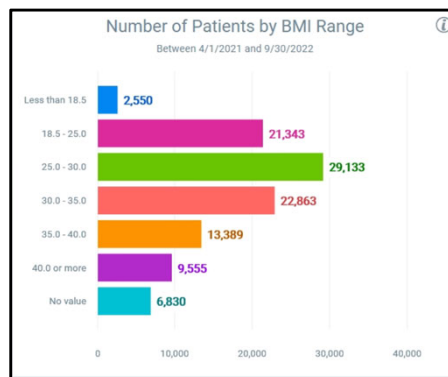
Southside practice data

1. 111,000 or 44% with a BMI over 30
2. 55,000 or 22% with a BMI over 35

Significant overlap of chronic disease that occurs - asthma, diabetes, hypertension, hyperlipidemia, ASCVD, CKD, etc..

Peninsula practice data

1. 46,000 or 43% with a BMI over 30
1. 23,000 or 22% with a BMI over 35



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Economic Reality – Current State Sentara Health Plan

Trend in Sentara Health Plan claims paid (with *Obesity* as a diagnosis) over the last 5 years has sharply increased – nearly \$1.5B!

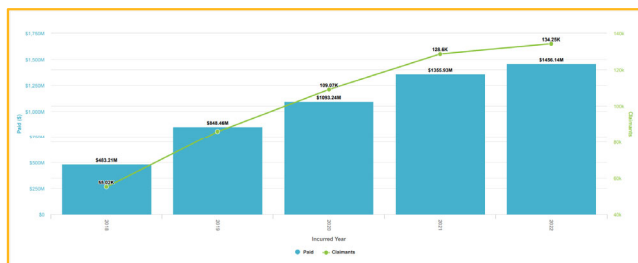
Most likely under-reported due to frequency of *Obesity* coded on claims (one of the most frequently missed HCC codes)

Rx spend is the largest % of expense in those claims

The cost of care for people with diabetes now accounts for ~1 in 4 health care dollars spent in the U.S.¹

Best we can hope for is to level the curve in the near term

2018 – 2022 Trend in Health Plan Spend



Year	Claims*	Claimants	Amount Paid**
2018	1,875,711	55,530	\$483,214,662
2019	3,862,531	88,301	\$848,457,609
2020	4,897,087	112,245	\$1,093,240,592
2021	5,834,848	133,295	\$1,355,928,980
2022	6,689,298	140,035	\$1,456,137,049

1. Matthew C. Riddle, Diabetes Care 2018;41(5):929–932 <https://doi.org/10.2337/dci18-0012>

*# of claims with "obesity" diagnosis included
 **Inclusive of Rx spend



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Economic Reality – Current State Sentara Health Plan

Omada for Prevention | Completers Weight Loss

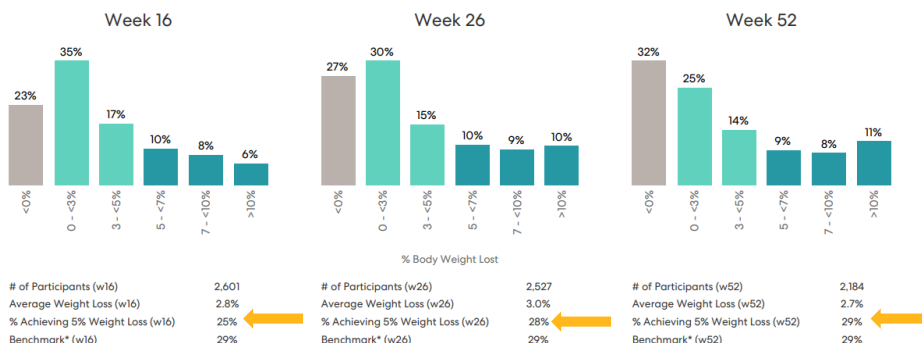
Many, if not all, health plans invest in their own tools to bend the curve

Many tools aim to address social determinants

Success target of 5% weight loss for ~30% of participants

Weight Loss for Completers

Completers are participants who have completed at least 9 lessons. The charts below shows your population's weight loss over time. As participants enroll and progress through the program their information will be added below.



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The Approach



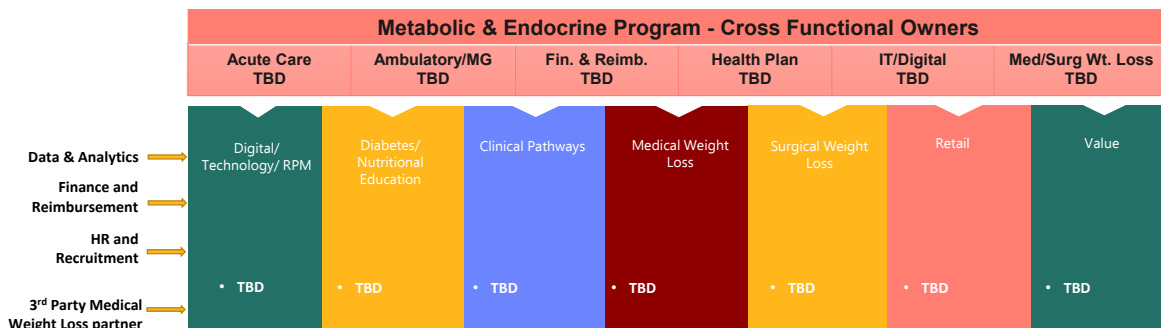
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The Approach: METATOC HPT Structure

Launch coordinated effort to build both an Endocrine and Weight Loss program Enterprise wide that will support all markets and navigate patients more effectively through primary care/endocrine and weight loss services.

Oversight Committee			
Dr. Greg Adams	Dr. Kristina Kratovil	Dr. Kara Hawkins	Dr. Tony Hardt
Dr. Fletcher Pierce	Dr. Steve Pearman	Steve Craig	Judy Walker



- HPT - workgroup leaders meet once per month
 - Report out from workgroup leaders
 - Hot spots, Barriers, Needs
 - Workgroups set their own meetings and agendas
- HPT Large Leadership team meets every other month
 - Share updates, gets input
 - Prioritize short and long term plans



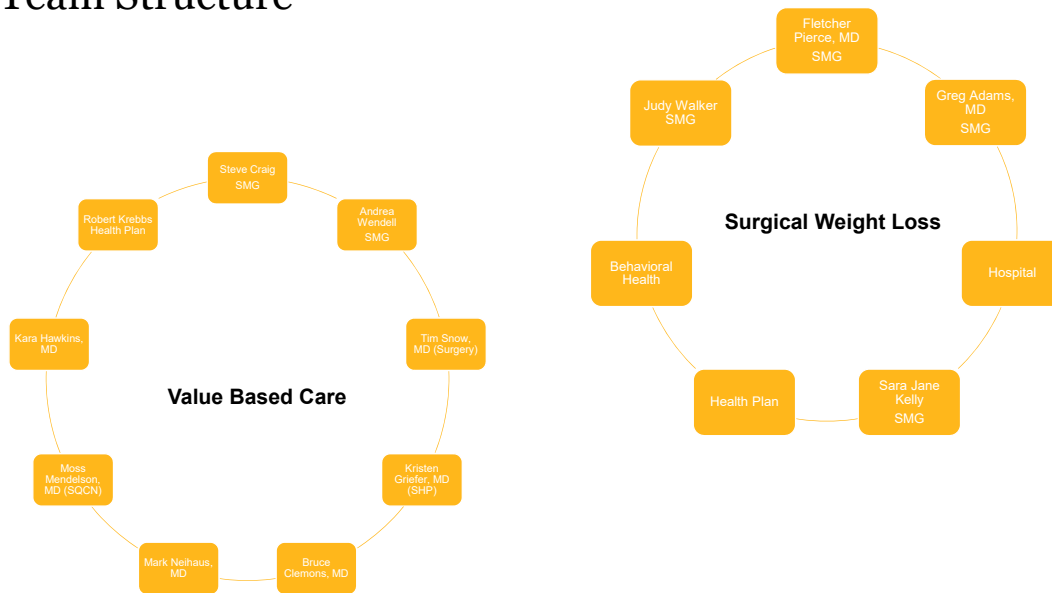
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Strategy Across the Continuum

← Community Convening → Empower Role in Own Health → Collaborative Discussions with Payors →



Sample Team Structure



Short Term & Long-Term Planning

Metabolic Tactical Operations Committee – Action Grid							
Goals	Initiatives	Tactics	Deliverables	Responsible Leads	Timeframe	Status	
Digital Technology / RPM	Short Term						
	Long Term						
Diabetes / Nutrition Education	Short Term						
	Long Term						
Clinical Pathways Obesity Medicine	Short Term						
	Long Term						
Surgical Weight Loss	Short Term						
	Long Term						



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Conclusion

METATOC is an approach to create structure where there was none

METATOC will foster collaboration and communication across different clinical disciplines and lines of business within the health system


METATOC will tee up any needed investments in IT, brick & mortar and human capital

In the end patients win and the healthcare system wins!



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