

Real World Insights into Obesity Care: Understanding Treatment Patterns and Payer Costs at an Integrated Health System

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Introduction

- More than **40% of US adults are obese**.¹
- Annual obesity-related health care **costs exceed \$173 billion**.²
- Anti Obesity Medication (AOM) usage is limited due to high drug costs.³

Objective

To understand patient characteristics and health system resource utilization as a foundational step towards developing relevant economic models to identify populations with the highest potential for benefit.

Main Finding



Patients on AOM incurred lower PMPM total medical costs compared to those not on medication treatments, but these did not offset the higher pharmacy costs where GLP-1 was the AOM of choice for majority of patients.

Methods

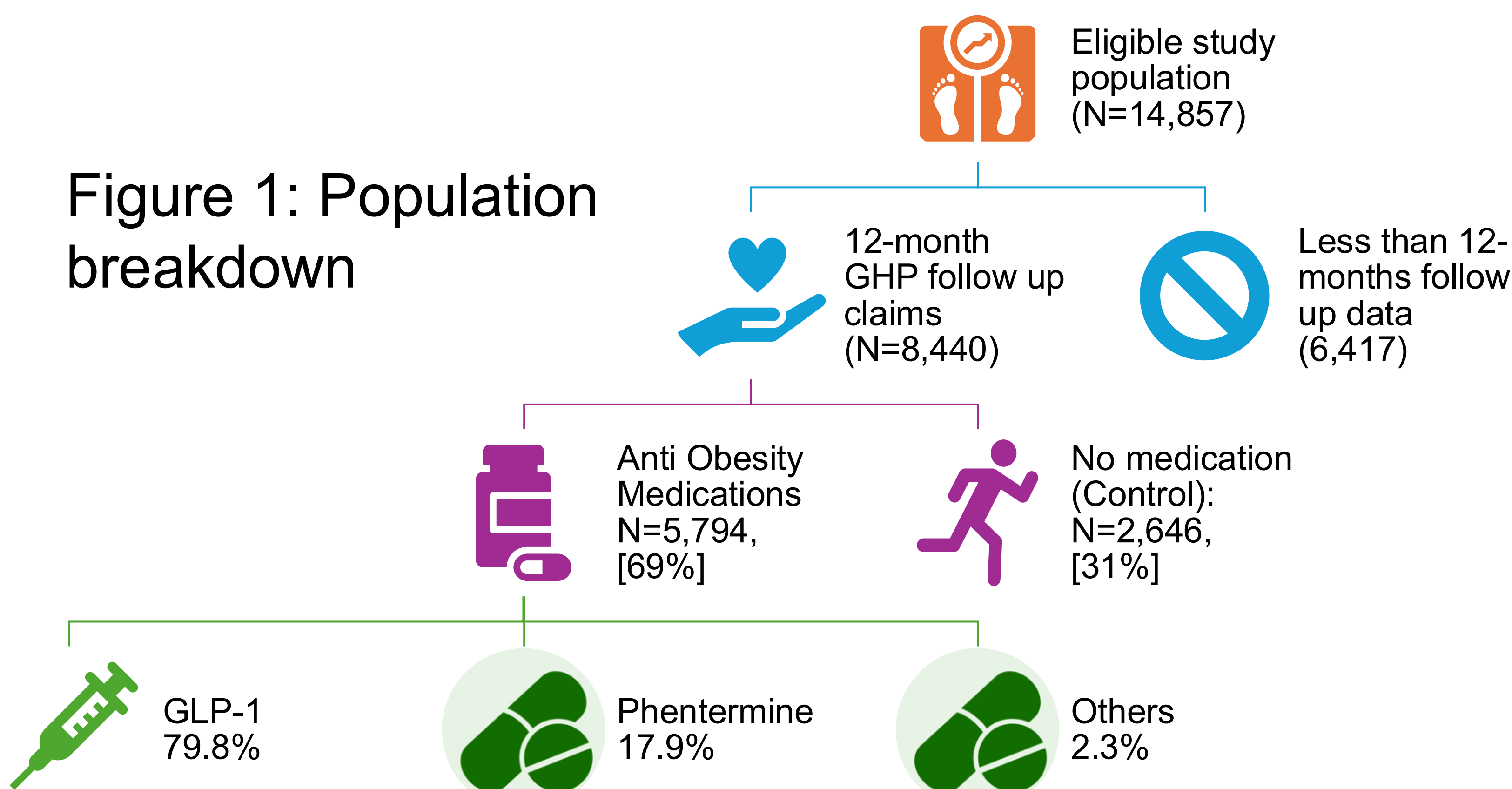
- Data sources:** Electronic health records (EHR) and administrative claims data.
- Population:** Adult patients (or persons) without diabetes with an **obesity diagnosis or BMI > 27 kg/m²**, Geisinger insurance at first visit between May 2019 and September 2024, and 12 months of follow-up data.
 - Treatment group: patients with at least 1 medication order placed for an AOM
 - Control: patients seen by nutrition and weight (N&W) management with no AOM started
- Primary outcome and Perspective:** Using a payer perspective, **total per member per month (pmpm) medical costs** (restricted to inpatient and emergency department admissions) and **pharmacy costs**.

Results

Population:

- 14,857 patients (or persons) without diabetes met the eligibility criteria. Twelve-month follow-up **claims data were available for 8,440 (56.8%)** of eligible patients.

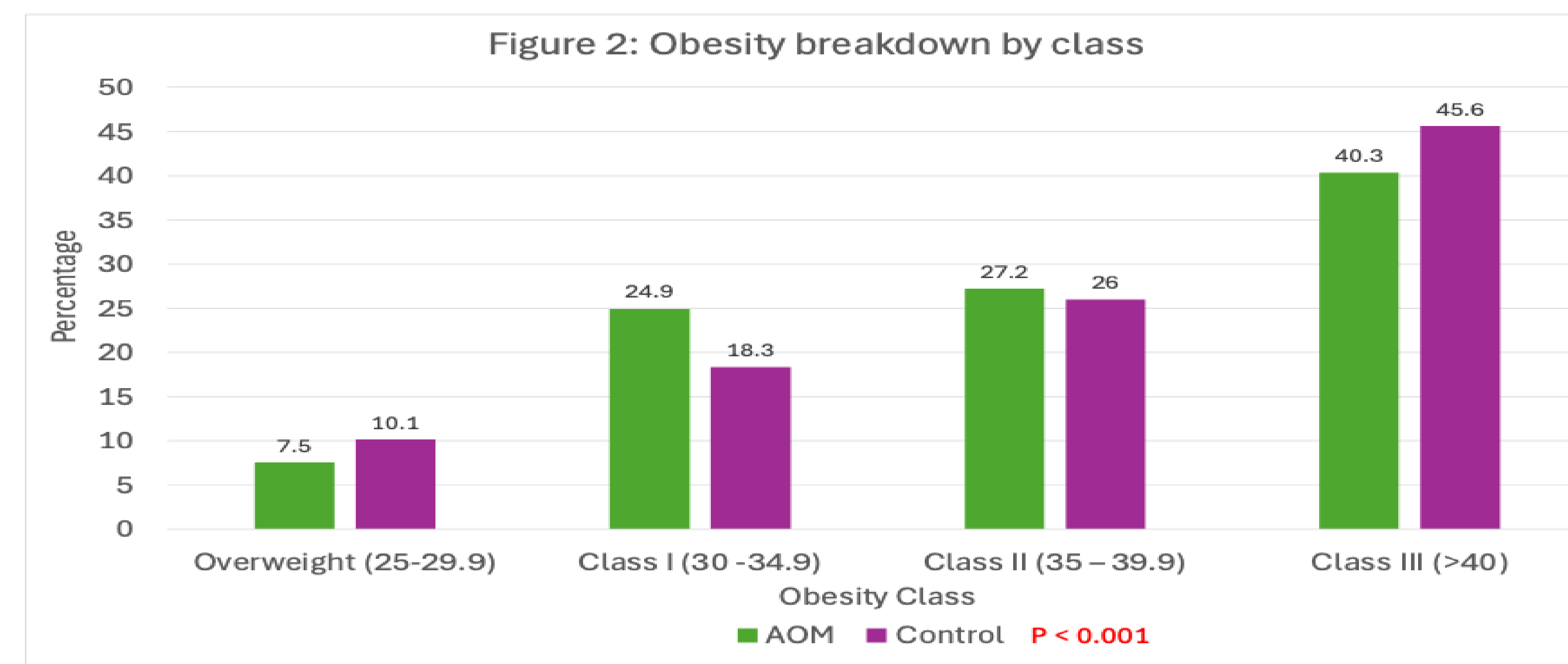
Figure 1: Population breakdown



Baseline characteristics:

- Though similar, **patients in the AOM arm were slightly older, had slightly higher BMI** (age: 45.2 +/-4.3 vs. 42.6 +/-15.7, p <0.001; BMI: 39.5 +/-8.4 vs. 38.7 +/-10.1, p <0.001), and a **higher proportion of patients in the AOM arm were female** (82.5% vs. 77.1%, p <0.001).

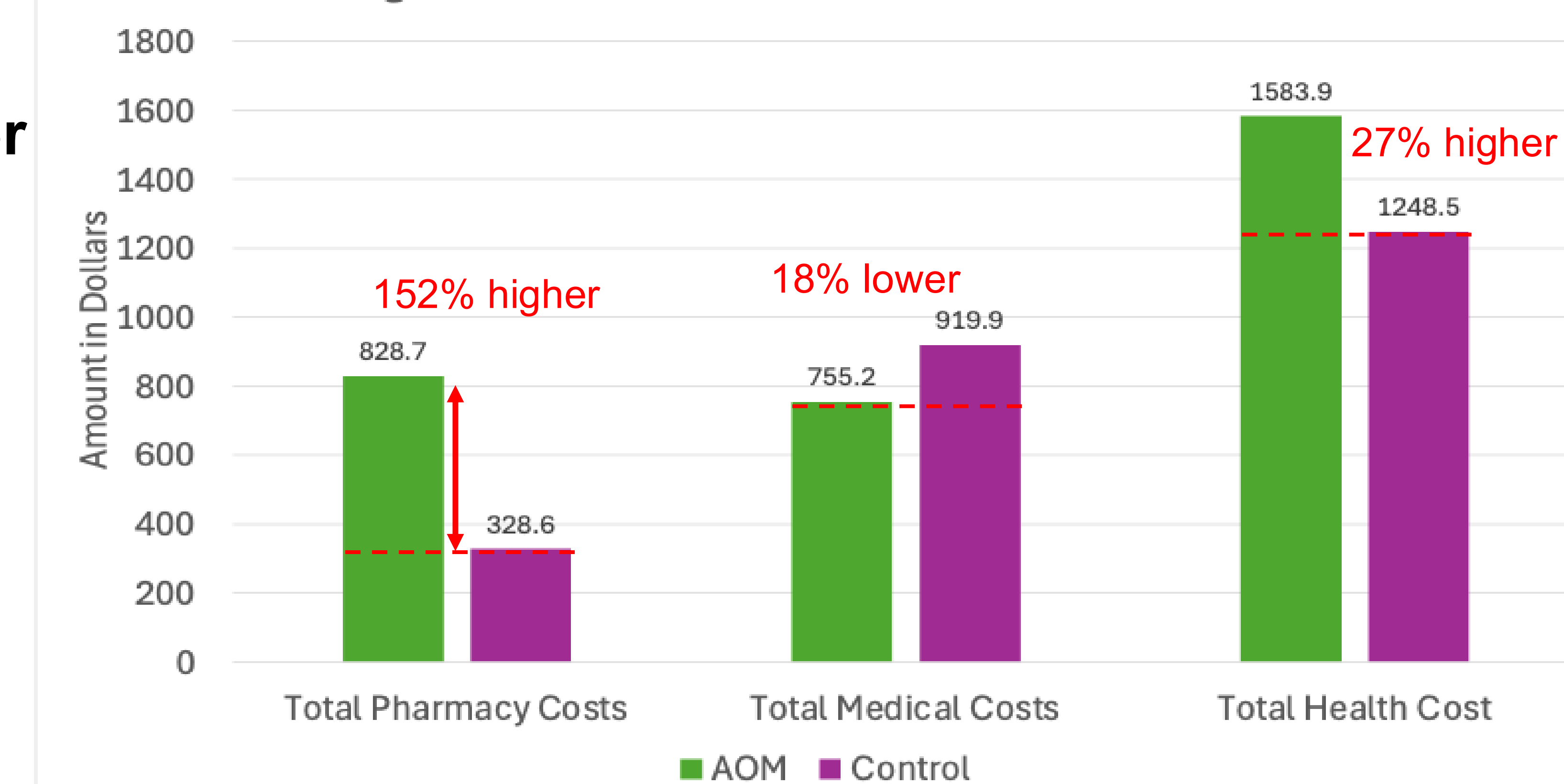
Figure 2: Obesity breakdown by class



- At baseline, treatment and control patients had similar rates of obstructive sleep apnea (48% vs. 47%, p = 0.41), hyperlipidemia (26% vs. 24%, p = 0.12), and cardiovascular disease (16% vs. 16%, p = 0.97). The **AOM arm had a slightly higher rate of hypertension** (29% vs. 27%, p = 0.01).

Pharmacy and medical costs:

Figure 3: Plan Paid Per Member Per Month Costs



Conclusion

More than two-thirds of obese patients without diabetes receive medication-based therapy for managing obesity and related complications, resulting in higher pharmacy PMPM costs (+152%), which are marginally offset by lower medical PMPM costs (-18%) resulting in 27% higher total healthcare costs.

References

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