Establishing a Web-Based Obesity Counseling CME/Accreditation Program for Clinicians Coupled with a Reimbursement Mechanism.

Specific Aims:
1) Develop a self-study CME educational program for a standardized approach to routine weight loss counseling
2) Establish standardized quality control indicators for tracking changes in counseling techniques and tracking success in weight control
3) Utilize contacts throughout New England to create reimbursable pilots to evaluate if reimbursing physicians for counseling increases counseling for weight loss, improves standardized techniques for weight loss interventions, and has an impact of patient weight control.

Hypothesis: Among the reasons physicians (and to a lesser extent other health care providers) do not provide weight control counseling routinely is that they are not reimbursed for doing so. Providers claim lack of reimbursement as a reason not to counsel; insurers cite lack of counseling, and lack of evidence of the effectiveness of counseling, as a reason not to reimburse. This impasse has persisted for some time, and greatly attenuates the potential role of the health care setting in combating the obesity epidemic and attendant chronic diseases. Further, this impasse is directly at odds with recommendations of national organizations, including the US Department of Health & Human Services, the Institute of Medicine, and the US Preventive Services Task Force.

Methods Used: We have created a 3-tiered modular, CME program that will be further developed into a self-directed web-based program. The program will be initially piloted through direct marketing to selected physician networks in order to best track changes in practice and for the purpose of developing chart reviews. Insurers will be asked to fund the clinical care by credentialed providers. Additional funds will be set aside for evaluation. Initial access into the program will require a registration along with a brief survey of current practices. Follow-up surveys are proposed to evaluate degree of intervention in addition to chart audits. Eventually, this could also include a comprehensive cost-utility analysis of the initiative over a 2-3 year pilot period. At the end of this trial, both providers and insurers should get back ‘bang for the buck’ information on the delivery of high-quality weight management counseling.

Results/Conclusions: This program is being developed as a component of the broader New England Consortium for Health, NECON, initiative to address overweight and obesity in the New England region. Initial feedback from third-party payers and health department officials has garnered support for the further development of the project.