



DESIGN LAB BRIEFING

A roadmap for transforming
obesity disease management
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CONFIDENTIAL

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The United States faces a full-blown health epidemic of obesity that we are slowly shifting to better manage. To fully embrace opportunities to treat patients and reverse obesity rates, system-level, integrated shifts must occur simultaneously. The NEWDIGS program at Tufts Medical Center is an international “think and do tank” dedicated to improving patient outcomes through improved equitable access to biomedical innovations, in ways that work for all stakeholders. NEWDIGS takes a systems approach to designing, evaluating, and catalyzing important advancements whose complex and cross-cutting nature are such that they cannot be addressed by a single organization or market sector. The NEWDIGS Obesity Medicines Project has been working since early 2024 to articulate system-wide challenges in obesity care and to design and pressure test comprehensive solutions for the care of patients with obesity. In the April 2025 Design Lab, we will present, analyze and pressure test this Roadmap for Transforming Obesity Disease Management, where our multi-stakeholder, cross-functional team has identified 36 action components under ten solution elements grouped within three key solution areas that help to codify the changes that must occur if we are going to be prepared to support the epidemic of obesity.

First, Healthcare providers must be able to **identify, diagnose, and treat** people with obesity such that the person feels confident that if they engage in the healthcare system, they will be treated respectfully as patients. Patients deserve the respect to assume that they can improve their health with treatment. For people to engage as patients, Health Care Professionals (HCPs) must not operate with biased attitudes, and they must be able to offer treatments to patients once diagnosed.

There are paradigm shifts that must be embraced systemically. Society at large must redress obesity, fully recognizing it as a chronic, heterogeneous disease that requires complex treatment. HCPs must have comprehensive, up-to-date evidence-based knowledge if they are to deliver care for people with obesity. Medical training at all levels and across a wide array of healthcare professionals must build knowledge of obesity care best practices, from screening and diagnosis to treatment options and reimbursement protocols. It must be normative behavior to reach patients with obesity and encourage them to enter care. People with obesity must believe that HCPs will treat them with respect and provide health solutions that will bring positive results that meet their needs.

Solution Area 1: Patient Identification, Engagement & Diagnosis, including the following solution elements:

- Creating a comprehensive communication plan that reaches all society, eradicating bias and stigmas about people with obesity
- Educating healthcare professionals about the disease of obesity and its treatment from professional school curricula through to mandatory continuing education programs
- Normalizing patient outreach for medical treatment (and build confidence in patients that medical treatment will help)

Second, the infrastructure to support a comprehensive obesity care process must be prepared to shift regularly. For example, coding and quality measures must be updated, developed, and implemented as evidence improves our understanding of this disease. Moreover, stakeholders across the system must **share knowledge and capabilities** so that evidence can be available to change what care is provided, and influence how that care might be provided. By aligning incentives across the system, stakeholders can find ways to investigate best practices in real-world settings, establishing contracts that benefit patients while also building (and sharing) new evidence about what care pathways prove most effective. Through joint contracting, best practices can be established not only in care pathways, but in terms of what is best to measure. Do health outcomes improve if patient engagement is high from the beginning? Do rural subpopulations improve persistence if telemedicine services are provided? Do patients with obesity-related diseases sustain improvements if obesity is the main disease diagnosed and reimbursed? With so many unanswered questions, aligning incentives to establish investigatory contracts while tracking results will be a vital infrastructure improvement.

Solution Area 2: Shared Capability Building, including the following solution elements:

- Regular updates of coding metrics that identify the disease and trigger reimbursement processes
- Quality measures and outcomes monitoring processes that nudge healthcare systems to reward effective and equitable care for people with obesity
- Comprehensive data collection and evidence generation that is shared to influence the care pathways for obesity care
- Align incentives and payments across healthcare stakeholders to deliver evidence-based obesity care programs that reward constantly improving standards of care and health outcomes to match.

Finally, **integrated care** will be possible for patients who need it. With data generated and research conducted, validated treatments, including ancillary services and medical treatments can be offered to patients. These services will be utilized along care pathways that have been developed following medical best practices. These evidence-based care pathways will continue to contribute to our knowledge base, as data is researched and shared.

Significantly, engaged patients will be ready to work with HCPs as they jointly navigate these new opportunities. Shared decision-making is a challenging concept: people with obesity today still struggle with the stigma associated with their own condition, undermining the knowledge they have about how to effectively treat their own condition. Yet, customized delivery will require that patients find their voice and advocate for care that is customized to their disease and life conditions. Such a sea change will only be possible if the health care systems, key stakeholders, and the infrastructure to support such changes are in place, limiting (if not eliminating) the barriers to healthcare access that patients will need to find their voice and use it.

Solution Area 3: Integrated Care, including the following solution elements:

- A set of treatments that have been validated through shared evidence and best practices. These validated treatments will be updated regularly, as more evidence develops to track ancillary services that provide ongoing relief for this chronic disease.
- Care Pathways that evolve over time, as evidence is actively accumulated to build and share

- knowledge of successful, best practices in the care of obesity
- Delivery services that are customized to best align with patient needs, considering a patient's level of knowledge, readiness for treatment, and personal preferences. Patients will also have access constraints due to socio-economic circumstances, geography, and/or health conditions (Customized Delivery).

The following graphic (Figure 1) depicts the multi-faceted and complicated changes that will be required to effect transformation for most people living with obesity. No one solution area can bring about change on its own, but each solution area – from **patient engagement, identification and diagnosis**, to **shared capability building**, to **integrated care**—will be structures that support and strengthen one another as we all work toward a better future.

The solution components within each solution area are summarized in Table 4–Table 6 of the ‘Obesity Roadmap Architecture: Solution Areas, Elements and Action Components’ section of the paper. These Tables outline a significant amount of work that requires multiple stakeholders, working together. Medical and technological advancements have provided us with a unique opportunity to holistically address a health epidemic in our country. Working together, we can build a system of medical care for obesity that works for all those affected by this disease and provides a roadmap for how all stakeholders in healthcare can contribute to population health-level challenges.

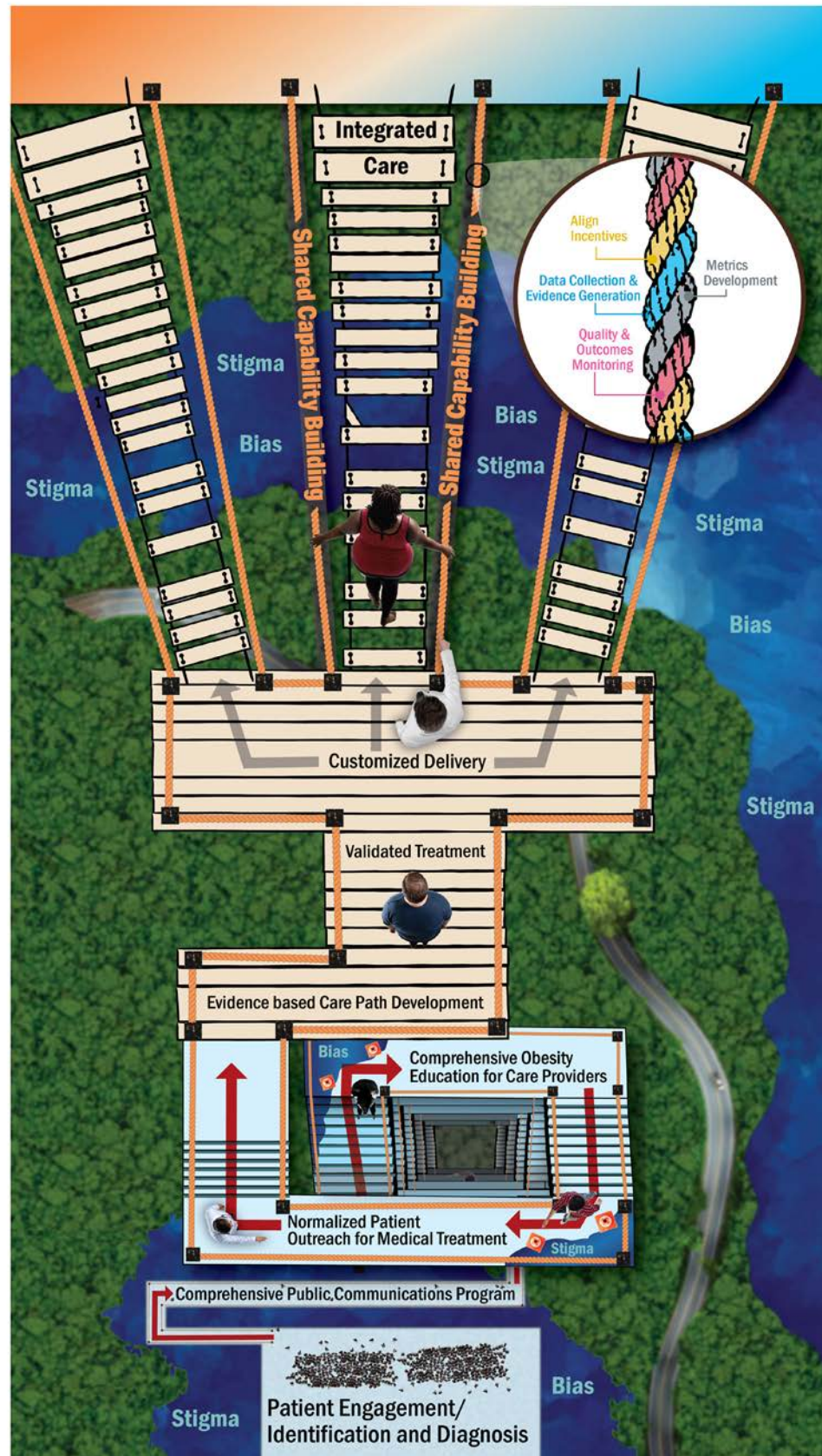


Figure 1: A Roadmap for transforming obesity disease management