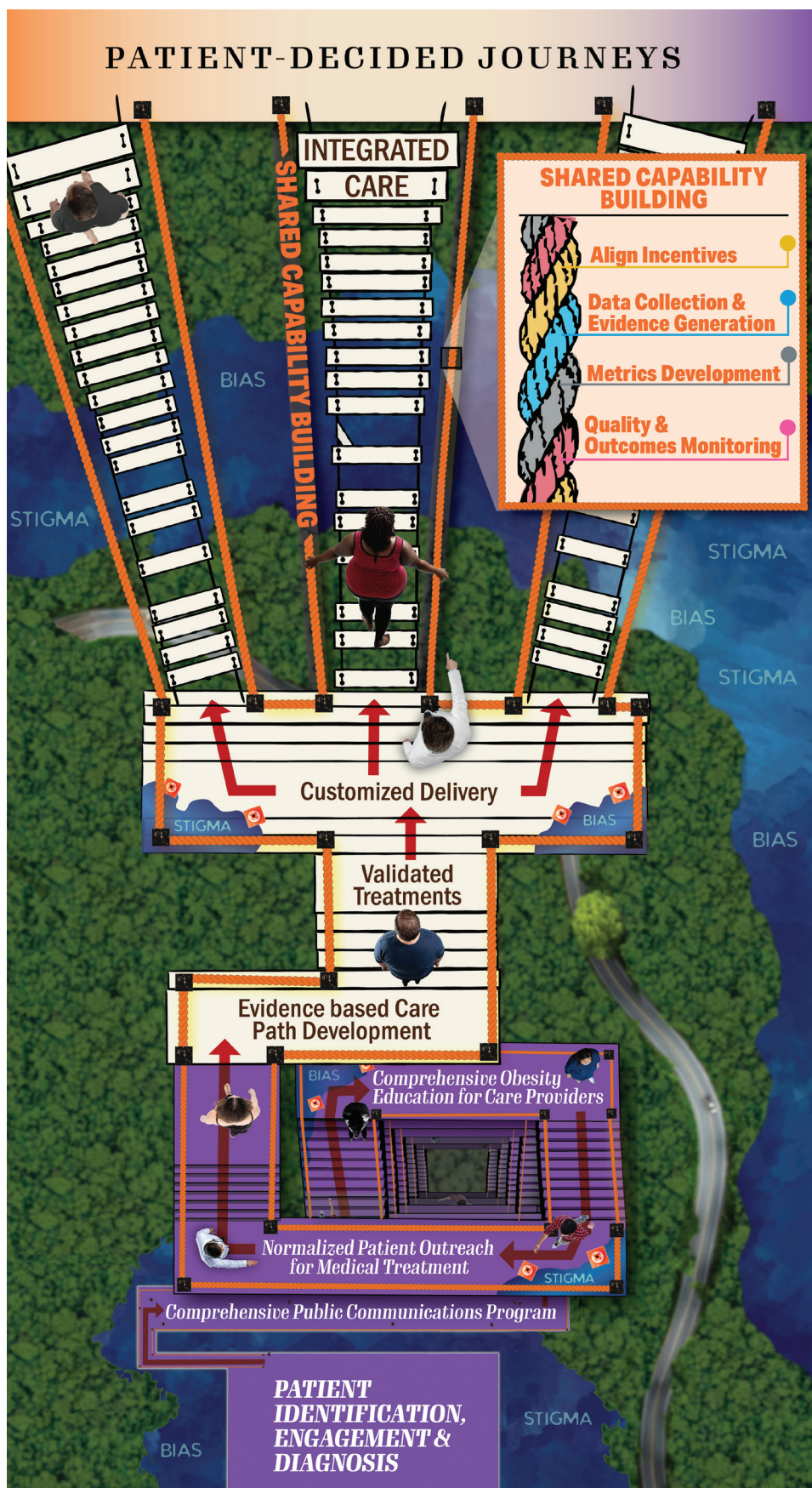# Roadmap for transforming obesity disease management

This figure identifies three solution areas needed to transform a patient's journey in managing obesity disease within the US healthcare system once coverage has been assured. Each solution area comprises solution elements, ten in total, and each element contains action components (not shown in this figure[1]).

PATIENT-DECIDED JOURNEYS

INTEGRATED CARE

SHARED CAPABILITY BUILDING

BIAS

STIGMA

SHARED CAPABILITY BUILDING

- Align Incentives
- Data Collection & Evidence Generation
- Metrics Development
- Quality & Outcomes Monitoring

STIGMA

BIAS

STIGMA

Customized Delivery

STIGMA

BIAS

BIAS

Validated Treatments

Evidence based Care Path Development

BIAS

Comprehensive Obesity Education for Care Providers

Normalized Patient Outreach for Medical Treatment

STIGMA

Comprehensive Public Communications Program

PATIENT IDENTIFICATION, ENGAGEMENT & DIAGNOSIS

BIAS

STIGMA

Even before, and continuing throughout all aspects of healthcare for obesity, **bias & stigma** (*Blue Swamp*) threaten patient access to obesity care. These treacherous waters must be waded through to start treatment, impede patient advancement and HCP engagement in the early stages of care, reduce treatment quality, and can easily swallow up patients who slip through the cracks of care capacity or weak healthcare infrastructure.

Solution Area I: Patient Engagement, Identification and Diagnosis (*Purple Staircase; contains 3 solution elements*): Initiating interaction with the healthcare system is an uphill challenge for patients requiring effort to overcome bias and stigma and address this chronic disease with medical treatment. It is a joint effort, where HCPs must offer bias-free engagement and patients must be open to change. Both HCPs and patients are learning as they go about how to identify, diagnose and treat obesity. The staircase and progression to the bridges represent continuous, science-based improvement in an established learning environment.

Solution Area II: Shared Capability Building (*Orange Rope; contains 4 solution elements*): Depicted here as intertwined ropes and railings that support the other two solution areas. Incentives are aligned so that metrics to set, assess, and reward best practices are working well in tandem - a rope handrail for patients to grasp and trust. They also represent firmly established data collection and evidence generation structures that support monitoring practices for quality and outcomes that can be regularly updated.

Solution Area III: Integrated Care (*Tan Platform & Bridges; contains 3 solution elements*): Patients and their providers have multiple care pathways from which to choose that are based on evidence, and within which the specific treatments offered have been validated. Patients learn more deeply about what works for them and share decision-making to customize delivery of healthcare treatment and services. The very ground patients walk on, integrated care must navigate capacity challenges (represented by both the missing boards in the bridge and few HCPs along the paths) as well as important cross-institutional collaborations.

Key Policy Implications

- To ensure this future state, evidence-based coding systems must support patient journeys. Coding systems must both go beyond tying to BMI and shift over time from tracking identification to tracking and rewarding health outcomes.
- Evidence-based obesity care requires policies within and across private and public domains that create standards of care, coordinate care, reward improved patient outcomes, as well as strategically promote data sharing, evidence generation, and evidence sharing, as well as policies that allow health systems infrastructure to more efficiently integrate new evidence.

This Roadmap depicts the multi-faceted and coordinated changes[2] needed to transform obesity disease management for patient success.

About the Center for Biomedical System Design

The Center for Biomedical System Design in the Institute for Clinical Research and Health Policy Studies at Tufts Medical Center is dedicated to improving health outcomes by accelerating appropriate and timely access for patients to biomedical products, in ways that work for all stakeholders. The Center designs, evaluates, and catalyzes the real-world implementation of system innovations that are too complex and cross-cutting to be addressed by a single organization or market sector. Its members include global leaders from patient advocacy, payer organizations, biopharmaceutical companies, regulatory agencies, clinical care, academic research, and investment firms. https://newdigs.tufts-medicalcenter.org.

For more downloadable Roadmap resources, such as the complete report and action checklist, visit newdigs.tuftsmedicalcenter.org/obesity

1. See Tables 4-6 of Roadmap to Transforming Obesity Disease Management
2. A key assumption of this Roadmap is that parallel efforts will achieve coverage by most payers, including Medicare and Medicaid, for modern obesity medications and ancillary services within this 3-5 year future-state timeframe