EXECUTIVE SUMMARY

A roadmap for transforming obesity disease management

The United States faces a full-blown health epidemic of obesity that we are slowly shifting to better manage. Medical and technological advancements have provided us with a unique opportunity to holistically address this health epidemic. To fully embrace opportunities to treat patients and reverse obesity rates, system-level, integrated shifts must occur simultaneously. 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.

The NEWDIGS consortium in the Center for Biomedical System Design (CBSD) at Tufts Medical Center is dedicated to improving patient outcomes through improved equitable access to biomedical innovations, in ways that work for all stakeholders. CBSD 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 CBSD Obesity Medicines Project has been working since early 2024 to improve US health systems' readiness to treat obesity as a disease by articulating system-wide challenges in obesity care and designing and pressure testing comprehensive solutions for the care of patients with obesity.

This Roadmap for Transforming Obesity Disease Management presents the results of the multi-stakeholder, cross-functional consortium which 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. The Roadmap relies on specific key assumptions:

- That the future-state obesity healthcare system is possible to attain within 3-5 years;
- 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 timeframe;[1] and
- That product shortages will be alleviated thanks to expanded manufacturing capacity and additional market entrants.

With this work, we pressure-tested whether this approach would create a proactive, learning system that provides comprehensive support for patients, trains healthcare providers, encourages adequate and standardized coverage for obesity care (i.e., not just weight loss), and is sustainable for all stakeholders involved.

Solution Area 1: Patient Identification, Engagement & Diagnosis

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.

Rather than meeting patients with bias or stigma, Health Care Professionals (HCPs) and 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 standards of care, 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. 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.

Solution Area 1 Elements: Patient Identification, Engagement & Diagnosis, includes 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)

Solution Area 2: Shared Capability Building

Second, the infrastructure to support a comprehensive obesity care process must be prepared to shift regularly. For example, as our understanding of the disease develops, coding and quality measures must be updated and developed so that we can measure what is working for patients and what may not. With this metrics infrastructure regularly improving, payers and providers will respond to rewards or penalties that recognize best practices for patients' desired outcomes. 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 Elements: Shared Capability Building, includes 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

Solution Area 3: Integrated Care

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 standards of care. 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, local resources, 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 elements: Integrated Care, including the following solution elements:

- A set of treatments that have been validated through shared evidence and standards of care. 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, standards of care 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).

Figure 1 depicts the multi-faceted and coordinated changes that will be required to effect transformation for most people living with obesity. 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.

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 to enable us all to transform obesity disease management.

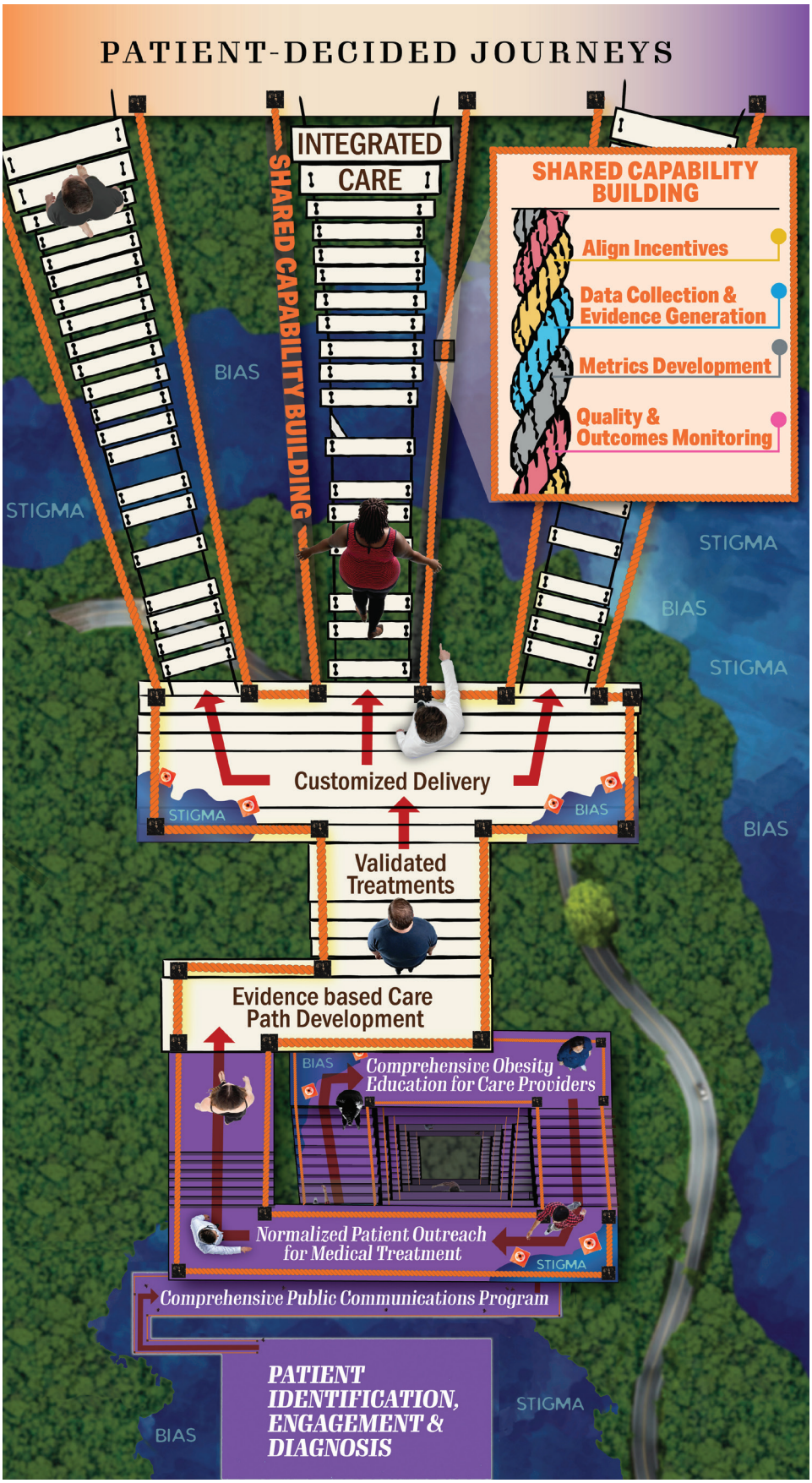

Figure 1: A Roadmap for transforming obesity disease management

Patient Identification, Engagement and Diagnosis (Purple staircase) is a challenging climb for patients, providers and payers to proactively address this chronic disease with medical treatment.

Bias & stigma (blue swamp) must be waded through by both patients and providers to start engagement – many do not succeed today.

Shared Capability Building (orange rope): Represented here as an inter-twined ropes and railings that support the other two solution areas through metrics, data collection, evidence generation, and aligned stakeholder incentives that reward best practices for achieving patients' desired outcomes. These form a rope handrail that provides structural support and handrails for all to grasp. These capabilities regularly up-dated, create continuous science-based improvement in an established **learning environment**.

Integrated Care (Tan platform & bridges): Where patients have multiple care pathways offering validated treat-ments from which to select through shared decision-making with providers and customized in their delivery to reflect the patient context and **Capaci-ty challenges** (represented by missing boards in the bridge).

1. We have set specific key assumptions that imply that coverage challenges will have been met so that this work does not maintain a focus on coverage and reimbursement rates. There is excellent work on these issues, including The Institute for Clinical and Eco-nomic Review (ICER) white paper: Pearson, S et. Al, "Affordable Access to GLP-1 Obesity Medications: Strategies to Guide Market Action and Policy Solutions" April 9, 2025. White paper downloaded 5/5/2025: https://icer.org/wp-content/uploads/2025/04/Af-fordable-Access-to-GLP-1-Obesity-Medica-tions-_-ICER-White-Paper-_-04.09.2025.pdf

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.tuftsmedicalcenter.org.

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