



August 5, 2019

The Co-Chairs of the Obesity Care Advocacy Network (OCAN) are pleased to echo the comments of the Sumner M. Redstone Global Center for Prevention and Wellness regarding the **July 2019 draft report, "Recommendations for Improving the Core Sets of Health Care Quality Measures for Medicaid and CHIP: Summary of a Multi-Stakeholder Review of the 2020 Child and Adult Core Sets."**

OCAN's mission is to unite and align key obesity stakeholders and the larger obesity community around key obesity-related education, policy and legislative efforts in order to elevate obesity on the national agenda. The primary goals of OCAN are to: prevent disease progression; improve access to evidence-based treatments for obesity; improve standards of quality care in obesity management; eliminate weight bias; and foster innovation in future obesity treatments.

For these reasons, OCAN is extremely concerned that CMS is proposing to remove "Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Body Mass Index Assessment for Children/Adolescents (WCC-CH) and Adult Body Mass Index Assessment (ABA-AD) from the 2020 Child and Adult Core Sets.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Body Mass Index Assessment for Children/Adolescents (WCC-CH)

Eighteen percent of U.S. children and adolescents have obesity. Screening for BMI is a critical initial step in the process of identifying and referring a child with obesity to the comprehensive and intensive behavioral interventions necessary to improve weight and reduce comorbidities associated with obesity. The United States Preventive Services Task Force (USPSTF) recommends screening using BMI for children and adolescents and provides the recommendation with a "B" grade, reflecting a "high certainty that the net benefit is moderate or there is a moderate certainty that the net benefit is moderate to substantial." Similarly, the American Academy of Pediatrics (AAP) recommends screening for obesity using BMI so that children and adolescents can be effectively treated for obesity. Screening is the initial step in the process of treatment.

The summary for the work group recommendation to remove WCC-CH states that the measure, "does not provide useful or actionable results for state Medicaid and CHIP agencies." Further, members, "asserted that this measure does not reflect evidence-based practices for interventions for children with or at risk of obesity." The conclusion that BMI screening does not reflect evidence-based practices is contradicted by both the USPSTF and AAP recommendations which find that screening is a critical part of evidence-based practice for treating obesity in children and adolescents. In addition, we contend that this measure does provide actionable information for Medicaid and CHIP agencies by providing important data related to the extent to which healthy weight is being discussed with patients. While we agree with the work group member who suggested that developing a measure that also examines interventions, such as referrals to care, would be more useful, simply removing the WCC-CH measure with no replacement is a step backward in improving obesity care and treatment for children and adolescents.

The work group summary also notes that some members asserted that because BMI is recorded under the Promoting Interoperability Program (formerly the Electronic Health Records Incentive Program), most physicians would not be disincentivized from conducting the BMI screening. Unfortunately, we do not have evidence that this is the case. Removing the measure from the core set with no replacement sends the message that obesity identification and treatment is unimportant.

We urge that the final recommendations continue to include the WCC-CH measure to maintain consistency with both the USPSTF and AAP recommendations, align with evidence-based treatment standards for obesity, and ensure that addressing obesity remains a priority.

Adult Body Mass Index Assessment (ABA-AD)

OCAN also opposes the removal of the ABA-AD measurement for the same reasons stated above. The USPSTF also includes BMI screening for adults in their recommendations as part of an evidence-based treatment plan for adults with obesity. In the case of the WCC-CH recommendation, removal of the ABA-AD measure with no replacement both contradicts the USPSTF recommendation and risks lowering the priority of obesity treatment among the health care community.

The workgroup summary for this section indicated that one member noted that obesity may require a broader societal response than other health conditions, which makes it more challenging for the health care system to address. It is certainly true that obesity is a complex disease and that prevention efforts should focus on societal issues, such as access to nutritious food and opportunities to be physically active. However, there are evidence-based interventions and treatments for obesity (community-based programs such as the Diabetes Prevention Program, intensive behavioral therapy, pharmacotherapy and surgery) just as there are for other complex chronic diseases that may be related to broader societal drivers and singling out obesity as requiring a uniquely non-clinical response is not supported by research.

Thank you again for your consideration of these comments, should you have any questions, please feel free to contact OCAN Washington Coordinator Chris Gallagher at 571-235-6475 or via email at chris@potomaccurrents.com.

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