Medical Effectiveness & High Cost Drugs Network
Co-chair – Anar Dossa | Pacific Blue Cross | Canada
Co-chair – Jenni Noble | Medscheme | South Africa

Medical Effectiveness & High Cost Drugs ("MEHCD") Network meeting notes

Network Meeting March 27 2024

Just one session was run.

Session topic: Obesity.

iFHP invited two speakers to address the member network, each with a different strategy as to how obesity can be managed.

Treasurer Folwell of North Carolina discussed the state's recent decision to stop reimbursement of obesity drugs.

Dr Katherine Saunders has her own obesity clinic in the USA and manages personalised care navigation paths for obese patients.

Background – figures from WHO

Global Adult Obesity:
- 43% of adults are overweight.
- 16% of adults are obese.

- South Africa:
  - 50% of adults are overweight.
  - 26% of adults are obese.

- Global Child Obesity:
  - 37 million children under five are overweight.
  - 390 million children aged 5 to 19 are overweight.
  - 160 million children aged 5 to 19 are obese.

- Overall Obesity Trends:
  - 1 in 8 people globally live with obesity.
  - Obesity rates have doubled since 1990.
  - Adolescent obesity rates have quadrupled since 1990.

Discussion summary

North Carolina, the 9th most populous and 3rd fastest-growing state in the US, has recently decided to stop covering expensive weight loss drugs like GLP-1 due to their high costs and budget

constraints. Efforts to negotiate lower prices with drug manufacturers like Novo Nordisk were unsuccessful, leading to difficult decisions to manage rising healthcare expenses and prevent doubling premiums for state employees. Treasurer Folwell discussed how this decision came about and how it is justified, referencing fiduciary responsibility and the best interests of the state's health plan members. Treasurer Folwell emphasized the state's commitment to addressing healthcare costs with humanity and humility, expressing openness to collaboration and new ideas, such as creating a larger buying group with other states to negotiate better drug prices, or focussing on any non-medicine-based alternatives that benefit participants.

Katherine Saunders discussed the challenges in treating obesity due to high patient demand and long waiting lists in her clinic. To address this, in 2018-2019, she co-founded a company to democratize access to obesity care, emphasizing that obesity is a complex, chronic disease requiring more than just lifestyle changes. Effective treatment involves thorough evaluations to identify factors leading to weight gain and barriers to weight loss, personalized plans, and appropriate medical interventions, which often include medications. The speaker highlighted the importance of individualized care and a stepwise approach, utilizing various medications, including generics, and optimizing diet, exercise, and behaviour. They stressed the need for comprehensive, personalized obesity management rather than a one-size-fits-all solution.

An example of this approach was the Connecticut case study. Starting in 2020-2021, Connecticut saw a significant rise in pharmacy spending, primarily due to an increased demand for GLP-1 prescriptions for obesity. Recognizing this trend as unsustainable, the state collaborated with healthcare providers to develop a cost-effective program ensuring high-quality care. This program, initiated with Connecticut state employees, involves comprehensive evaluations and strategic use of medications, including GLP-1s, tailored to individual patient needs. The success of the program has prompted plans to expand it to additional providers and populations. This approach aims to manage obesity effectively while maintaining financial sustainability, avoiding an all-or-nothing coverage model for expensive medications.

Studies have shown weight regain after stopping obesity medications. Effective weight loss treatments, including newer agents, have shown significant health benefits, improving conditions like renal issues and heart failure, which can also yield economic advantages. More research is needed but a holisitic perspective needs to be taken when assessing the value of the obesity drugs.

Prevention also needs more research. Initial research on sleep apnoea and obesity suggests that there may be a path towards prevention from the treatment of sleep apnoea.

There is also a great need in adequate triaging and the development of technology solutions that can be deployed at scale to treat obesity, to solve the current mismatch between drug supply and demand. This then allows for a wide reach into the populations whose care may still be low-touch, and a step-wise approach when more intensive care management is needed.

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GLP-1s are not a panacea. It is a fallacy for example, to think that now that the newer, very powerful medications are as effective or as efficacious as bariatric surgery or even more efficacious so that no one's going to be having bariatric surgery anymore.

The Q&A addressed questions around cost effectiveness of the step-wise programme described (too early to tell – there is about a 14% weight loss at the 6-month mark for enrolled patients) and side effects such as renal difficulties, bowel difficulties, … these are real and doctors need to be careful in who they select to go on these drugs, and look for early warning signs.

Prudence is called for when creating the service delivery network. There should be careful prescribing.

Finally a mention was made of the Living Lab in Scotland where active prevention is being pursued, embedded in the community. A system of demographic segmentation is used to identify the most at-risk populations and focus resources on them developing self-management skills.

Attendance

See a full list of the members of this network and this meeting's attendance in the attached file:

iFHP - MEDICAL EFFECTIVENESS & HIC

Next meeting

Next meeting will be scheduled for June 5. An invite will be sent out shortly.

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