



March 13, 2020

National Committee for Quality Assurance
1100 13th St., NW, Third Floor
Washington, D.C. 20005

RE: The Healthcare Effectiveness Data and Information Set Public Comment Submitted by Obesity Care Advocacy Network – Opposition to the Retirement of the Adult Body Mass Index (BMI) Assessment

The Obesity Care Advocacy Network (OCAN) appreciates the opportunity to submit comments to the National Committee for Quality Assurance (NCQA) on the proposed measures for retirement, new measures, changes to existing measures and an exclusion that applies across various measures of the Healthcare Effectiveness Data and Information Set (HEDIS).

OCAN is a diverse group of organizations that have come together with the purpose of changing how we perceive and approach the problem of obesity in this nation. As part of this effort, we strive 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.

Adult Body Mass Index (BMI) Assessment (ABA)

OCAN opposes the retirement of the HEDIS ABA measure. Screening for body mass index (BMI) remains a critical initial step in the process of identifying and referring a person with obesity to the comprehensive and intensive behavioral, medical and surgical interventions necessary to manage obesity and reduce its associated comorbidities.

The United States Preventive Services Task Force (USPSTF) recommends BMI screening in their recommendations as part of an evidence-based treatment plan for adults with obesity. USPSTF 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.” Screening is the initial step in the process of treatment and is a critical part of evidence-based practice for treating obesity.

The proposal notes that: “Stakeholders expressed concern for removing this measure from HEDIS without a replacement measure that addresses adult obesity/weight management. NCQA is working to identify opportunities to develop or adapt a more suitable measure.” It is both premature and irresponsible to retire the measure prior to development of a suitable replacement and directly contradicts the USPSTF recommendation. Removal with no replacement also risks lowering the priority of obesity recognition and treatment within the health care community at a time when patients with obesity already struggle to access treatment.

The reasons given by NCQA for retiring Adult BMI as a measure are:

- The measure is less relevant, given that automatic calculation of BMI in Electronic Health Records is now a common standard of practice and occurs at most outpatient visits. It does not assess counseling or follow-up for patients either “at risk” or diagnosed as overweight or obese, and documentation of BMI assessment alone sets a relatively low threshold for quality care to address the nation’s ongoing obesity epidemic.

A recent change to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems coding guidelines (ICD) states that:

- (effective October 2018) allows clinicians to use BMI codes only if BMI falls outside the normal range; for example, if the patient has a clinically relevant condition such as overweight or obesity. Therefore, going forward, plans would likely shift to the Hybrid Method of reporting (medical record review) in order to fully capture performance; this method is more burdensome for plans than the Administrative Method (claims).
- Performance on ABA has been trending upward over the past three years across all product lines. Average performance for Medicare has nearly topped out, with a national reporting average of 96.2% in 2018

OCAN believes there are shortcomings in NCQA’s stated reasons for retiring Adult BMI as a measure and we urge you to reject this recommendation.

Diagnosing Obesity increases the Likelihood of Treatment

Patients who are diagnosed with obesity are more likely to engage in weight management and lose weight compared to undiagnosed patients.¹ To receive a diagnosis of obesity, most practices will weigh the patient and calculate the BMI. Therefore, removing the ABA from the HEDIS measures lessens the chance that patients with a qualifying BMI will be diagnosed with obesity, even if the BMI is calculated by the EHR. A decrease in diagnosis will undoubtedly lead to a decrease in the rate of necessary treatment.

Reliance on Electronic Medical Records

Despite electronic medical record use by many providers, gaps remain, and it is premature to assume that retiring the Adult BMI measure would not result in harm because the information would be generated and recorded within an electronic medical record.

Removing ABA from the HEDIS measures with no replacement sends the message that obesity identification and treatment is unimportant.

Obesity is a complex disease and prevention efforts should focus on multiple societal issues, including access to nutritious food and opportunities to be physically active.

¹ Ciemens E, Casanova D. Obesity care management collaborate. Lecture presented at STOP Obesity Roundtable; December 3, 2019; Washington, D.C.

However, given the high prevalence of obesity in the population, recognition and treatment are also critical. There are evidence-based interventions and treatments for obesity, including intensive behavioral therapy, pharmacotherapy and surgery, just as there are for other complex chronic diseases, the prevalence of which result from broader societal drivers. Among the many chronic diseases that have become widespread in modern society, obesity should not be singled out as having its prevention and treatment restricted to a non-medical approach.

We urge that the final recommendations for updated HEDIS measures continue to include the ABA measure. Doing so will maintain consistency with the current recommendations of the USPSTF, align with the most up-to-date, evidence-based treatment standards for obesity, and ensure that providing broad access to obesity care remains a national priority.

Thanks for the opportunity to comment. Please contact Chris Gallagher at 571-235-6475 or chris@potomaccurrents.com with any questions related to these comments. Thank you.

Sincerely,

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