Impact of Obesity Interventions on Managed Care

Sample of Online Posttest
Choose the best answer for each of the following:

1. What is the obesity rate for American men 20 years or older?
   A. 13.4%
   B. 31.7%
   C. 33.9%
   D. 39.3%

2. Compared with average weight, obesity is associated with increases in US medication costs of ___ .
   A. 33%
   B. 45%
   C. 77%
   D. 85%

3. What is the most common underlying cause of death in patients with class III obesity (body mass index [BMI] 40.0-59.9 kg/m²)?
   A. Heart disease
   B. Stroke
   C. Cancer
   D. Diabetes

4. Which of the following is not part of the 5As approach to weight-loss counseling?
   A. Assess: measurement of BMI, identification of co-morbidities known to interfere with weight loss, and a discussion about readiness for change.
   B. Assist: a problem-solving process in which barriers to achieving weight loss are identified and resolved.
   C. Agree: establish weight-loss goals that are specific, measurable, attainable, relevant, and time-based.
   D. Argue: warn patients repeatedly that obesity is difficult to manage.
   E. Advise: counseling about the benefits of weight loss and the role of diet and exercise.

5. Which statement about lifestyle interventions for obesity is false?
   A. The ADA recommends ≥16 sessions in 6 months of a lifestyle intervention for patients with overweight or obesity and type 2 diabetes.
   B. It is not necessary to medically supervise very low calorie diets because they have a low rate of complications.
C. Sustained weight loss of ≥3% can improve glycemic control.
D. In most patients, participation in commercial weight-loss programs like Weight Watchers or Jenny Craig for 1 year results in weight loss.
E. The US Preventive Services Task Force recommends that primary care providers screen for obesity and offer comprehensive lifestyle interventions to patients with a BMI ≥30 kg/m².

6. Which of the following pharmacotherapy options has NOT been shown to cause at least 7% weight loss, on average, in clinical trials of patients who complete at least 1 year of treatment?
A. Liraglutide
B. Phentermine-topiramate ER 15mg/92mg
C. Naltrexone-bupropion SR
D. Lorcaserin
E. Phentermine

7. JZ, a 37-year-old woman, presents to your office for a routine annual exam. Her past medical history includes hypertension, hyperlipidemia, and obesity. Her blood pressure is 132/87 mmHg and BMI is 32 kg/m². Plasma fasting glucose is 102 mg/dL and TSH is 2.3 µUnit. All other laboratory values and physical findings are normal. The patient has never engaged in weight-loss attempts previously. As opposed to prior discussions with her, she is interested and motivated to address her weight. You both agree to aim for an initial goal of 5% to 10% weight loss. Which of the following is the best initial option for weight loss in this patient?
A. 30 minutes of brisk walking 5 or more times per week, progressing to 45-60 minutes 5-6 times weekly
B. Referral for bariatric surgery
C. Pioglitazone 45 mg daily and a protein-rich, low-carbohydrate diet
D. Liraglutide 0.6 mg SC daily titrated to 3 mg SC daily
E. Calorie-restricted diet with a calorie deficit of 500 kcal/day, less than 30% of calories from fat, and limited processed foods

8. Which of the following is NOT true concerning prescribers and the organizations that pay for care?
A. Payers often categorize weight-loss drugs as lifestyle drugs or drugs that lack efficacy.
B. Physicians tend to consider any treatment associated with sustainable weight loss of 5% to 10% over 6 months effective.
C. Payers require evidence of weight loss of at least 5% to add a medication to their formularies.
D. Payers indicate that they considered bariatric surgery more effective—and 88% of payers cover weight-loss surgery.
E. Plans that cover weight-loss drugs often use high copayments and utilization restrictions to manage these products.

9. Which of the following statements is NOT true concerning screening for obesity?
A. The Affordable Care Act requires Accountable Care Organizations (ACOs) to screen for obesity.
B. The National Committee on Quality Assurance requires ACOs to track BMI screening and follow-up.
C. The 2014 Veterans Administration/Department of Defense clinical practice guideline includes screening.
D. The USPSTF recommends screening all adults for obesity.
E. The USPSTF recommends that clinicians simply make note of patients with BMI of 30 kg/m² or higher in the clinical record.

10. You are a decision-maker in a managed care organization. The FDA recently approved a new weight-loss drug. Which of the following questions should be least important when preparing for a discussion on whether to add the drug to the formulary?
A. How many patients are obese and may have the indication for which this weight-loss drug was approved?
B. What are the generic and brand names of the drug?
C. How long in duration were the studies that supported approval of this drug?
D. What is the expected weight loss when this drug is used with counseling and lifestyle changes?
E. How does this drug compare with other drugs on the formulary for the same indication?