Slimmer Boomers Could Save Medicare Billions

VITALS

Major Finding: Community-based weight loss programs for individuals ages 60 years or older who are at risk for diabetes or heart disease could save Medicare between $7 billion and $15 billion over the lifetimes of one cohort of baby boomers.

Data Source: Estimates of net savings to Medicare over 10 years and participants' lifetimes.

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BY JEFFREY S. EISENBERG

FROM HEALTH AFFAIRS

ATLANTA – Community-based weight loss programs for individuals ages 60 years or older who are at risk for diabetes or heart disease could save Medicare between $7 billion and $15 billion over the lifetimes of one cohort of baby boomers, according to a recent study.

Obesity, defined as body mass index (BMI) of 30 kg/m^2, more than doubled from 18% to 37% of adults ages 65 years and older between 1980 and 2008, according to data from the Centers for Disease Control and Prevention. At the same time, obese adults spent about 40% more on health care than adults whose weight was normal, due to higher rates of diabetes and other chronic illnesses.

"It seems to me that Medicare has an incentive to reach out earlier and improve the health of people who will be coming into the program," study author, Kenneth E. Thorpe, Ph.D., of Emory University, Atlanta, said in a statement.

Dr. Thorpe and his colleague, Zhou Yang, Ph.D., proposed an evidence-based weight loss program for individuals aged 60-64 who are not yet eligible for Medicare but are overweight (BMI higher than 24) or obese and at risk for diabetes, cardiovascular disease, or both (Health Affairs 2011 [doi:10.1377/hlthaff.2010.0944]).

Specifically, they suggested expanding an existing community-based weight loss program developed by the CDC, the YMCA of the USA, and UnitedHealth Group, in which trained lifestyle coaches help overweight individuals select healthier foods and increase physical activity. Studies of this and similar programs show that participants ages 60 years and older lose weight and reduce their risk of developing diabetes by up to 71%.

For the current study, the investigators used 2009 census data to estimate net savings to Medicare over a 10-year period over the lifetime of a single cohort of eligible individuals. Their findings were based on the assumption of participation rates of 70% and 55% of eligible individuals using two enrollment scenarios.

The first scenario would limit enrollment to individuals aged 60-64 who have prediabetes and whose BMI is higher than 24. The cost to enroll 70% of that target group would be about $590 million ($240 per person for 2.6 million participants) but would result in a net savings of $2.3 billion over 10 years and $9.3 billion in net lifetime savings. If 55% of those eligible participated, estimated savings would exceed $1.8 billion over 10 years and $7.3 billion in net lifetime savings.

The second scenario would broaden eligibility to individuals with the same BMI who were at risk for cardiovascular complications (high blood pressure or elevated cholesterol) regardless of whether they had prediabetes. If 70% of eligible patients participate, Medicare would achieve an estimated net savings of $1.4 billion over 10 years and $5.8 billion in net lifetime savings. If 55% of eligible patients participate, the estimated additional net savings to Medicare would be $1.2 billion over 10 years and $4.6 billion over participants' lifetimes.

By extending eligibility to both at-risk groups, the authors estimate that Medicare would see net savings of $3 billion to $3.7 billion over the next 10 years and $11.9 to $15.1 billion over participants' lifetimes, depending on the participation rate.

Estimated lifetime savings of $7 billion to $15 billion depend on several factors, such as how broad eligibility and participation are, the researchers said. They used a 4.2% weight loss impact to avoid overestimation, so the program might have larger effects than expected. ■