

Hack the Pathway

*Johnson & Johnson*

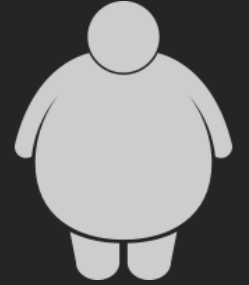


‘At this moment, the tap is open and the bath tub is already full. With **prevention**, you’ll shut down the tap, so the number of people with obesity doesn’t increase. But the bath tub is still full.

Obesity patients, as obesity must be considered as a medical disease, should get the **right treatment**. Only then you can empty the bath tub as well.’

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Internist-endocrinologist  
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# Obesity is a disease



x 3



- Worldwide obesity has nearly **tripled** since 1975.
- Over **340 million children** and adolescents aged 5-19 were **overweight or obese in 2016**.
- The latest available Health Interview Survey (2018) shows that 49.3% of the **Belgians** have an excessive BMI ( $\geq 25$ ) with 33.4% in overweight (BMI 25-<30) and **15.9% obese** (BMI>30).
- Chronic conditions associated with obesity Obesity: **type-2 diabetes, cardiovascular diseases, obstructive sleep apnea, osteoarthritis, some sorts of cancer** (e.g. oesophageal adenocarcinoma) and **mental illness**.
- The burden of obesity is not only health related but has also an **economic impact**

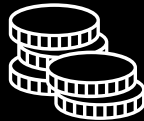
# The challenges in Obesity Surgery



- Prevention seems to fail. But also: healthier means more costly
- Multidisciplinary, integrated & coordinated teamwork: NOT EVIDENT!



- On mental level: stigma on obesity surgery (patients are considered 'weak'). Some patients also cope with a difficult social background. Lack of social support.




- Highly cost-intensive pathway for hospitals and patients
  - Surgery is just a tool, the lifestyle change starts after surgery
  - Follow-up (consultations, life-long vitamins etc) = **NOT** reimbursed, only surgery
  - No personalized care plans due to budget pressure in hospitals, staff shortage, high number of patients, diverse group of patients with different comorbidities, ...



- Long term follow-up (minimum 2 years)



- Focus on volume, rather than long-term patient outcomes
- Lack of real-world data



# Can you help us to tackle the challenges in Obesity Surgery?

- How can we personalize care in high volume procedures?
- How can we support, engage, motivate and follow-up on obesity patients on the long term?
- How can we enable true integration of patient care pathways using digital technology, without imposing high workload on the medical team and without an overload on apps? Moving towards evidence-based healthcare?
- And how can we build the right incentive structures around that, allowing for outcome-based payments and reimbursements?

