AGENDA

I. Welcome & Introductions

II. SOTA Overview

III. Timeline

IV. Workgroup Overview

V. Weight Loss Pharmacotherapy in VA

VI. Adjourn
SOTA Goals

• Where is the evidence sufficient to move to implementation?
  – Reach consensus on policy recommendations to improve implementation

• What important questions do not have sufficient evidence to guide practice and clinical policy?
  – Reach consensus on recommendations for research

• What issues or new developments are on the horizon that may need to be considered in research, planning, and policy?
  – Prioritize issues for future consideration
Weight Management SOTA: Challenges and Opportunities

Challenges

• Broad Scope of SOTA
  • Behavioral interventions (population approach)
  • Pharmacologic interventions
  • Surgical interventions

• Critical question is how weight management interventions are delivered and implemented

The opportunity

• Engaging independent systems to develop a framework to integrate comprehensive programming
SOTA Work Groups and Co-Leads

Three Work Groups

1. Behavioral Interventions
   Co-Leads: Michael Goldstein & Robin Masheb

2. Pharmacotherapies
   Co-Leads: Todd Semla & David Atkins

3. Bariatric Surgery
   Co-Leads: Luke Funk & Matt Maciejewski
Time Line

• Friday, January 15   SOTA Plenary Session 9:30 am EST
• March 7 & 8  Face-to-Face Conference, Crystal City
  – March 8 present workgroup reports with full SOTA group discussion of an integrated framework for weight management policy and implementation
• Post-SOTA develop summary or individual manuscripts as appropriate
• Identify a time for our workgroup to meet 3-4 times before March 1st.
Work Group Charge

• Identify what we know from existing research that has sufficient evidence to be implemented within VHA.
• Identify knowledge gaps and research agenda questions
• Identify policy recommendations
• Identify possible products or activities to disseminate SOTA results
Weight Loss Pharmacotherapy in VA

• No weight loss medications are on the VA National Formulary

• Orlistat, Lorcaserin and Phentermine/Topiramate have Criteria for Use
  – Require Veteran to be enrolled in MOVE!
  – Include renewal and discontinuation criteria

• Formulary reviews of liraglutide and naltrexone/bupropion in process
1. What are the patient and health system barriers and facilitators to identification and referral to prescribing pharmacotherapy for obesity for VA patients?

2. In which patients (i.e. based on level of obesity, weight loss history, concurrent therapies, etc.) has addition of pharmacotherapy proven effective in enhancing weight loss compared to standard care?

3. What is the average effect of weight loss medication on weight and VA costs in the short-term and long-term (>2 years)?
4. What parameters should be considered to determine the duration of weight loss medication for patients and what patient characteristics are useful for determining which drug is most likely to be effective or safest for a given patient based on what is known about the drugs’ mechanisms of action?

5. Do Veterans who have adjunctive pharmacotherapy concurrent with behavioral weight management have greater weight change (short-term and long-term) than Veterans only receiving behavioral weight management?
Next Steps

• Attend Friday’s session
• Review the reading list sent January 8\textsuperscript{th}
• Send comments and suggestions to Todd Semla
  – Todd.semla@va.gov
SOTA Resources

SOTA Website for Work Groups:

• Participant lists
• Readings, reports, etc.

http://www.hsrdr.research.va.gov/meetings/sota/weight-management/

Questions: Gerry McGlynn

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