Advocacy and Obesity

John Magaña Morton, MD, MPH
FASMBS, FACS, ABOM
President, ASMBS 2014-5
Chair, ACS MBSAQIP
Chief, Bariatric & Minimally Invasive Surgery, Stanford
Obesity Care

Treatment Options

BMI

Diet, Rx and Lifestyle

Balloon

Surgery

% of US population

25-30 kg/m²

30-40 kg/m²

>40 kg/m²

34.4%

26.2%

5.7%

JAMA 2010;303:235-41
Obesity Access

- Endoscopic Balloon- No Coverage
- Medications- Mixed
- Counseling- CMS Decision
- Bariatric Surgery- Lessons Learned
Outreach and Understanding
“We Start Today” Public Service Announcement (PSA) Activities

• Created electronic press kit to send to all stations along with PSAs to provide further detail regarding “We Start Today” campaign
• PSA distributed in all 50 states and D.C., covering all 210 DMA markets
  • Less than 2 weeks after distribution, secured KIKU-TV (Honolulu) airing on 10/21, reaching nearly 4,500 viewers
• Strong push to secure PSA airings in the following 12 target markets:
  • NYC DC
  • Los Angeles
  • San Francisco
  • Miami
  • Houston
  • Cleveland
  • Chicago
  • Boston
  • Pittsburgh
  • Atlanta

PSA has aired a total of 13 times, reaching an audience of nearly 109,000, in the Salt Lake City (UT), Honolulu (HI), and Johnstown-Altoona (PA) markets
The tipping point at This Time It Counts allows patients to upload a video testimonial about their motivation for surgery and personal successes reached because of their life-changing surgery. With your help, the number of videos on the site will grow exponentially. Please encourage all your patients to create a video by giving them a card for This Time It Counts today.

**Testimonial Talking Points**
- Were you held back from activities that you can now participate in?
- What are your exercise routines?
- Why did you choose the type of surgery that you did?
- What have friends and family said?
- How have you stayed inspired during your weight-loss journey?
- How do you celebrate weight loss milestones?
- What kinds of health problems are no longer an issue?

Submit your video and relate your personal journey towards better health after weight-loss surgery.

Learn More

Randy
Texas | Sleeve Gastrectomy

Nikki Massie
Maryland | Gastric Bypass

Cathy Johnson
Washington | Sleeve Gastrectomy

Rain Hampton
California | Gastric Bypass

Reed Davis
Tennessee | Sleeve Gastrectomy

Izzy Weiss
New York | Sleeve Gastrectomy

Alfie Brecher
New York | Adjustable Gastric Band

Pam Davis
Tennessee | Gastric Bypass

Tammy Beaumont BSN, RN, CBN
Texas | Gastric Bypass

www.ThisTimeItCounts.com
Overcoming obesity is a story worth sharing.

There are millions of stories about obesity in America. Tell us yours with a film or video of five minutes or less and you could win up to $5,000—plus a trip to Los Angeles to watch your work premiere at ObesityWeek℠ 2015.

It Starts Now judges included a Blue-Ribbon panel of judges from the television and film industry, journalism, obesity and public health experts, patient advocacy and journalism.

Barry Zegel, Senior Vice and General Manager, CBS Television City
Perry Rein, Emmy Award Winning Writer and Producer, Nickelodeon
Dan Childs, Managing Editor, Medical Coverage, ABC News
Jamie Dukes, NFL Network Commentator and NFL Player
Georgeann Mallory, Executive Director, ASMBS
John M. Morton, MD, MPH, President, ASMBS
Organization
Access to Care

- HealthCare Reform Watch
- OAC Membership
- Data Registry and Access to Care
- Sleeve Coverage with major insurers
- Benefit protection
- ASMBS Access to Care
  - Training Session
  - ToolKit
  - Position Statement
Communication and Collaboration

- Think Nationally, Act Locally: ERISA
- Five on 5, Access Calls, Webinar
- Michigan: Sleeve Covered BC/BS-Wayne English
- South Carolina: State Employees Added John Scott
- Addition of new state employee benefits in 2011 in Arkansas by legislation and Utah by regulation
- North Carolina: Medicaid Loss (Reversal) Pories,
- Despite major budget issues in almost every state in 2011, no new major losses of state employee or Medicaid coverage
- Benchmarking
Rapid Response Team

- Organized by the ASMBS Access to Care Committee to meet the threat of coverage cancellation or adverse publicity
- The ASMBS RRT will respond to the threat
- Expand RRT locally
Access To Care

State Health Benefit Plan

Presentation to the DCH Board
August 11, 2011

Plan Changes

Eliminate coverage for bariatric surgery in 2012
• Currently, covered under the HRA and HDHP plans only.

Eliminate $200 Vision Hardware/Frames Benefit
• Currently, covered in the HMO plan only
Thank You Governor Brandstad for Controlling Government Spending

- Each year the state of Iowa spends nearly one billion in taxpayer dollars to treat diabetes, sleep apnea, arthritis, heart disease and other conditions associated with obesity.

- **Gastric bypass, banding and related surgeries** are treatment options approved by the American Diabetes Association, the American Heart Association, and others for cost effective long term treatment of these disorders.

- On August 2nd, the Governor met with the Medicaid Director and affirmed his support of **gastric surgery procedures** being a valid metabolic intervention option.

- As a result, thousands of individuals will continue to receive shorter term cost effective treatment, saving Iowa taxpayers millions of dollars.

From all the citizens of Iowa who suffer from diabetes, arthritis, heart disease, sleep disorders and related conditions, Thank You Governor Brandstad for setting the right example for others to follow.
State Chapter Presidents

Stars and Regional Super STARS

- **NW** Valerie Halpin, MD
- **SW** Ajay Upadhyay, MD
- **NE** Dominick Gadaleta, MD

**Lloyd Stegemann, MD**
**Teresa LaMasters, MD**
**Brandon Williams, MD**
**John Scott, MD**

**Canada**
- Michel Gagnon
- Michel Wagner

**New Hampshire**
- John P. Gens
- Maureen Quigley

**Maine**
- NE Jamie Loggins

**Massachusetts**
- NE Matthew Hutter
- Sheila Partridge

**Rhode Island**
- NE Siva Vithanathan

**Connecticut**
- AZ Zib Benbrahim
- Darren Tishler

**Delaware**
- Michael Peters
- Rahul Singh

**Maryland**
- Elizabeth Dovet
- David Von Rueden

**New Jersey**
- Michael Bilof
- Alex Onapchenko

**Pennsylvania**
- Michael Bono
- Ann Rogers

**Virginia**
- Virginia Troy Gleibot
- Troy Gleibot

**Virginia & West Virginia**
- Troy Gleibot

**Ohio**
- Joe Northup
- Ann Rogers

**Ohio**
- James Scott
- Joe Northup

**Tennessee**
- Jennifer Weaver
- Pamela Davis

**South Carolina**
- Jason Johnson
- Ranjan Sudan

**Georgia**
- Titus Duncan
- Titus Duncan

**Florida**
- Samuel Synnott
- Joseph Chehbi

**Montana (DY)**
- Luis Garcia
- John Pender

**Idaho (DY)**
- Luis Garcia
- Alian Garey

**Wyoming (DY)**
- Luis Garcia
- Kristen Turek

**North Dakota (DY)**
- Luis Garcia
- Luis Garcia

**Nebraska**
- Thomas White
- Gary Anthony

**Kansas**
- Stanley Hoehn
- Brice Hamilton
- James Lanham

**Missouri**
- Stephen Scott
- James Scott

**Arkansas (w/OK)**
- John Baker

**Texas**
- Richard M. Peterson
- Michael Seger

**Louisiana**
- Uyen Chu
- Davidahrain

**New Mexico**
- Charles F. Belloew
- Charles F. Belloew

**Utah (SW)**
- Walter Medlin
- Eric Slavkman

**Colorado (SW)**
- Jonathan Schoen
- Matthew Metz

**Arizona (SW)**
- David Podkament
- Robert Berger

**Alaska (SW)**
- Michael Todd
- Michael Todd

*Member President Contact = Chapter Combined with Another State Chapter or Part of a Group Chapter*
State Chapters

• Health Plans are by State
• Need a State Access Plan
• EACH State Counts!!
Metrics

- Medicaid
- Federal/State Employees
- Medicare
- Commercial
Sleeve Gastrectomy Coverage by Medicare – June 2012
(as of June 27, 2012)

Note: The Center for Medicare and Medicaid Services decided on June 27, 2012 to defer Medicare’s coverage decision making for Sleeve Gastrectomy to the regional Medicare Administrative Contractors (MACs).
States with CONFIRMED Sleeve Coverage from their MACs

Coverage current as of 2/18/14; coverage may have changed since this printing
April 27, 2012

Louis Jacques, MD
Director, Coverage and Analysis Group
Centers for Medicare and Medicaid Services
Mail Stop S3-02-01
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: ASMBS Response to CMS Sleeve Coverage Decision

Dear Dr. Jacques:

The American Society of Metabolic and Bariatric Surgery would like to respond to your recent Proposed Decision Memo for Bariatric Surgery for the Treatment of Morbid Obesity (CAG-00250R2). We are concerned that the proposed decision memo reached its conclusions with an incomplete review of available evidence, lack of generalizability to the entire Medicare population, diminished access to care for vulnerable populations and no prior precedence for the level of review and scope of remedy. In addition, we believe the proposed remedy for coverage involving a randomized control trial for laparoscopic sleeve gastrectomy (LSG) is redundant, cost-ineffective and in conflict with CMS published standards of scientific integrity and relevance. We ask you to review carefully and come to the more appropriate conclusion that CMS provide laparoscopic sleeve gastrectomy as a covered benefit. We hope you agree that Medicare beneficiaries should receive the same level of obesity treatment coverage as over 100 million other Americans enjoy.

I. CLARIFICATION OF EVIDENCE

In the proposed decision memo, it is stated that there are little either randomized trial or long-term data to support coverage for LSG. Since your literature review end date of 12/2011, several clinical studies on sleeve gastrectomy have recently been published including two randomized trials and one prospective cohort study. These studies provide clear and compelling evidence that the laparoscopic vertical sleeve gastrectomy is safe and effective on a randomized trial basis with both medical therapy and CMS-covered bariatric surgeries as controls.

Specifically, the studies include:

- Collection model.

Conclusion

Given that the proposed decision memo did not include vital evidence, we are asking that CMS review the new evidence and reach the fitting and proper conclusion that laparoscopic sleeve gastrectomy become a covered benefit for all Medicare beneficiaries who are in need and desirous of the same treatment options as other Americans. We look forward to your reply and welcome an opportunity to meet with you as soon as possible.

Sincerely,

Robin Blackstone, MD, FACS, FASMBS
President, American Society for Metabolic and Bariatric Surgery

John Morton, MD, FACS, FASMBS
Access to Care Chair, American Society for Metabolic and Bariatric Surgery

Scott Melvin, MD
President, Society of American Gastrointestinal and Endoscopic Surgeons

Patrick O’Neil, MD
President, The Obesity Society

David Bryman, DO
President, American Society of Bariatric Physicians
Commercial Insurance Coverage
Bariatric Surgery*
August 2005

• Commercial coverage is for GASTRIC BYPASS only.

Commercial Payors include Blue Cross Blue Shield Plans and other health insurers (such as Aetna & CIGNA).

Many commercial payors cover bariatric surgery, but employers are reluctant to pay an additional premium (rider) for coverage.

Source: HPEM Payor Landscape File
Employer Coverage for Bariatric Surgery
2010 – ALL EMPLOYERS

% Employer Coverage:
- No Data
- 0 to 25%
- 26 to 50%
- 51 to 75%
- > 75%

Source: Mercer’s National Survey of Employer-Sponsored Health Plans 2010 – All Employers
Medicaid is a combined state & federal public program that provides health insurance for the poor.

Sources: Kristina Frey State Matrix, Sept 2004 and HPEM-SGA 2005 Initiatives (TN, UT & WI)
FFS Medicaid Coverage Policy for Obesity Surgery

Medicaid is a combined federal & state program providing health and long-term care insurance for over 58 million lower income Americans.

- Coverage Policy in Place
- No Coverage Policy in Place
- Coverage Pilot in Process
- Pending - 2014

State Mandates: NH, OK, CA (HMOs only)
MS to begin benefits July 2014 – Pilot
OH to begin benefits July 2014
Public Employer Coverage Policy for Obesity Surgery

Coverage is offered to approximately 75% of all active State Public Employees in the US.

- **Coverage Policy in Place**
- **No Coverage Policy in Place**
- **Coverage Pilot in Process**

State Mandates: MD, NH, CA (HMOs only)

- GA to begin benefits January 2015

Partial Coverage: WI (<20% of population)
Medicare Coverage for Bariatric Surgery*
August 2005

*Medicare coverage is for GASTRIC BYPASS only.

Medicare is a federal program that provides health insurance for the elderly (over age 65) and the disabled.

Source: Local Medicare Medical Review Policy

Rev. 9/18/2005
Sleeve Gastrectomy Coverage by Medicare Administrative Contractors (MACs)
(as of February 18, 2014)

- States with CONFIRMED Sleeve Coverage from their MACs
- States with Age >65 Restriction (Noridian: CA, NV, HI, WA, OR, ID, AK, ND, SD, MT, WY, UT, AZ)
Credibility
These studies demonstrate that there are vulnerable patient populations and potential additional costs associated with surgery but suggest that surgical volume helps mitigate these risks and costs," wrote Bruce M. Wolfe, M.D., of Oregon Health & Sciences University in Portland and John M. Morton, M.D., M.P.H., of Stanford in an accompanying editorial.

"Bariatric surgery may be a potentially life-saving intervention in the right patients and in the right surgeons' hands," they added. "The studies presented in this issue indicate that experience and technique count."
### Table 4. Rate of Early Mortality After Bariatric Surgery, Stratified by Surgeon Volume*

<table>
<thead>
<tr>
<th>Annual Surgeon Volume†</th>
<th>No.</th>
<th>30 Days</th>
<th>90 Days</th>
<th>1 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients aged &lt;65 y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;15</td>
<td>3200</td>
<td>2.2</td>
<td>3.0</td>
<td>5.0</td>
</tr>
<tr>
<td>15-35</td>
<td>3191</td>
<td>1.7</td>
<td>2.2</td>
<td>3.5</td>
</tr>
<tr>
<td>36-70</td>
<td>3295</td>
<td>1.7</td>
<td>2.3</td>
<td>4.2</td>
</tr>
<tr>
<td>71-268</td>
<td>3205</td>
<td>1.2</td>
<td>1.8</td>
<td>3.1</td>
</tr>
<tr>
<td>Total</td>
<td>12891</td>
<td>1.7</td>
<td>2.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Patients aged ≥65 y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;15</td>
<td>480</td>
<td>9.0</td>
<td>13.8</td>
<td>21.0</td>
</tr>
<tr>
<td>15-35</td>
<td>282</td>
<td>3.2</td>
<td>4.6</td>
<td>6.4</td>
</tr>
<tr>
<td>36-70</td>
<td>284</td>
<td>1.8</td>
<td>2.1</td>
<td>4.2</td>
</tr>
<tr>
<td>71-268</td>
<td>274</td>
<td>1.1</td>
<td>1.1</td>
<td>3.6</td>
</tr>
<tr>
<td>Total</td>
<td>1320</td>
<td>4.5</td>
<td>6.7</td>
<td>10.7</td>
</tr>
</tbody>
</table>

*Source: JAMA, October 19, 2005—Vol 294, No. 15*
These studies demonstrate that there are vulnerable patient populations and potential additional costs associated with surgery but suggest that surgical volume helps mitigate these risks and costs," wrote Bruce M. Wolfe, M.D., of Oregon Health & Sciences University in Portland and John M. Morton, M.D., M.P.H., of Stanford in an accompanying editorial. "Bariatric surgery may be a potentially life-saving intervention in the right patients and in the right surgeons' hands," they added. "The studies presented in this issue indicate that experience and technique count."
Accreditation in Bariatric Surgery

CMS National Coverage Determination
February, 2006

CMS will approve and reimburse procedures at a program accredited by one of the two programs:

747 Hospitals
UHC data: In-Hospital Mortality

Bariatric Surgery In-hospital Mortality by Year 2002-2009
(N = 105,287)

Deaths per 1,000

Year

2002 2003 2004 2005 2006 2007 2008 2009

4.0 2.6 2.3 1.6 1.5 1.0 0.8 0.6

Nguyen et al. SOARD 2012
Does hospital accreditation impact bariatric surgery safety?

John Morton¹, MD, MPH, FACS, FASMBS
Trit Garg¹, BA
Ninh T. Nguyen², MD, FACS, FASMBS

¹Stanford University
²University of California, Irvine

134th Annual Meeting of the American Surgical Association
# In-Patient Outcomes

Morton, Ann Surg 2014

<table>
<thead>
<tr>
<th></th>
<th>Unaccredited</th>
<th>Accredited</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total charges (mean), $</td>
<td>51,189</td>
<td>42,212</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Any complication, %</td>
<td>12.3</td>
<td>11.3</td>
<td>0.001</td>
</tr>
<tr>
<td>Mortality, %</td>
<td>0.13</td>
<td>0.07</td>
<td>0.019</td>
</tr>
<tr>
<td>FTR, %</td>
<td>0.97</td>
<td>0.55</td>
<td>0.046</td>
</tr>
</tbody>
</table>

*Abbreviations: FTR, failure to rescue*
Obesity – Economic Burden

- National Expenditures for Obesity: 18% - $300B

Comparison of CBO’s Estimates of the Net Budgetary Impact of the Coverage Provisions Contained in the Affordable Care Act

Sources: Congressional Budget Office and the staff of the Joint Committee on Taxation.

Notes: The Affordable Care Act (ACA) comprises the Patient Protection and Affordable Care Act (P.L. 111-148) and the health care provisions of the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152). As used here, the term “ACA” also includes the effects of subsequent related judicial decisions, statutory changes, and administrative actions.
Bending the Cost Curve
Cost Comparison: Diabetic lap-RYGB Patients vs Actual Costs of Matched Cohorts vs Expected Costs lap-RYGB

Average Annual per Patient Cost Relative to Bariatric Surgery

- Year 4  - Year 3  - Year 2  - Year 1  + Year 1  + Year 2  + Year 3  + Year 4

- Bariatric Surgery Patients
- Matched Cohort w/o Morbid Obesity Required - Actual Costs
- Bariatric Surgery - Expected Costs
- 18-64 year olds

$0 $2,000 $4,000 $6,000 $8,000 $10,000 $12,000 $14,000 $16,000 $18,000

Year Relative to Bariatric Surgery
Next Steps

• Applied Advocacy
• Quality Mandates
Bariatric Surgery Coverage, All employers
Mercer National Survey of Employer-Sponsored Health Plans

All Employers
Small Employers (<500 employees)
Large Employers (>500 employees)
The Affordable Care Act and Bariatric Surgery

• The Essential Health Benefit (EHB) is an important centerpiece of the ACA with each state required to provide a sample plan and benefit package to be approved by HHS.

• The EHB is designed for those citizens who do not have current coverage. Adverse selection may occur when a single plan exclusively offers a benefit.
Is Bariatric Surgery Included in the State’s Qualified Health Plan?

Health Insurance Exchange (HIE) Coverage of Weight-Related Services
Affordable Care Act – Beginning January 2014

Current as of 05-06-2013; Coverage may have changed since this printing

Does not cover bariatric surgery nor weight loss programs
Covers weight loss programs but does not cover bariatric surgery
Covers bariatric surgery but does not cover weight loss programs
Covers bariatric surgery and weight loss programs


Current as of 05-06-2013; Coverage may have changed since this printing
TEXAS OBESITY FACT SHEET

TEXAS ADULT OBESITY FACTS:

- Obesity affects more than 29.2% of Texans.
- 28.5% of male Texans are affected by obesity.
- 30.3% of female Texans are affected by obesity.
- Texas is ranked 19/51 in states impacted by obesity.
- Texas ranks 14th in adults with Type 2 Diabetes (10.6%).

TEXAS CHILDHOOD OBESITY FACTS:

- Texas is one of only 12 states that has a physical activity requirement in their schools.
- 19.1% of children are affected by obesity.
- 15.6% of high school students are affected by obesity.

NATIONAL COST OF OBESITY:

- $147-$210 billion: The cost of obesity-related medical treatment costs.
- 42%: How much more healthcare costs for individuals affected by obesity.
- $14.1 billion: The direct costs caused by childhood obesity.
- $4.3 billion: Nationwide annual costs due to obesity-related absenteeism.

Want to learn more about weight and its impact on health?
Weight and health go hand-in-hand. In an effort to raise awareness of weight and its impact on health, the Obesity Action Coalition (OAC) has launched a national campaign, titled Your Weight Matters™. To learn more about weight and health and the Campaign, please visit www.YourWeightMatters.org.

Contact the OAC
If you have any questions regarding the above information or would like to interview an OAC representative, please contact James Zervios, OAC Director of Communications, at jzervios@obesityaction.org.

References:
- Centers for Disease Control
- Trust for America’s Health
- Obesity Action Coalition

NEITHER SHOULD STATES
Most state health exchange disease of obesity, the number
90% exclude weight loss programs
FDA-approved drug treatments

DOES THIS MEAN
We need national leadership to address this - a complex, chronic disease linked to nearly every disease in the
That’s why AMA supports evidence-based obesity
pharmaceutical, psychosocial

OAC
Obesity Action Coalition
www.ObesityAction.org
Maryland chose a benchmark plan that requires coverage, reflecting a long-standing law. A Maryland Health Care Commission report from 2012 estimates the mandate to cover treatment for severe obesity added 0.4 percent to the cost of an individual.
Essential Health Benefit Efforts

- First Letter to HHS Secretary 2012
- Leave No State Behind ToolKit
- HHS Comments by State Chapters & ASMSB
- Over 10 Meetings with HHS
- More Needs to Be Done
Obesity Care Continuum

• Established in 2011
• Combined membership of over 125,000 health care professionals, researchers, educators, and patient advocates
• Mission: Dedicated to promoting access to, and coverage of, the continuum of care surrounding the treatment of overweight and obesity
Thank you for filing a complaint via the website of the Office for Civil Rights (OCR) at the Department of Health and Human Services. This is an automated response to acknowledge receipt of your complaint. Your complaint will be assigned to an OCR staff member for review and appropriate action. If OCR has any questions about the complaint you submitted, we will contact you directly. Otherwise, you will receive a written response indicating whether or not OCR has accepted your complaint for investigation.
Lawmakers More Likely To Meet With Campaign Donors Than Constituents, New Study Finds
OBESITY PAC ADVOCACY GOALS

• Ensure coverage of bariatric surgery and other evidence-based obesity treatment services in every public and private healthcare plan across the country.

• Educate federal and state policymakers regarding the importance of the multidisciplinary treatment approach for those affected by obesity.

• Eradicate the widespread prevalence of obesity bias and stigma in our country.

The American Society for Metabolic and Bariatric Surgery (ASMBS) Political Action Committee (ObesityPAC) is an affiliated not-for-profit corporation founded by the ASMBS Executive Council in 2015 to develop new products and services to benefit bariatric surgeons and their patients. Our advocacy and education efforts through ObesityPAC are critical to improving access to care for millions of Americans affected by obesity.

Learn more at: www.ObesityPAC.org
ObesityPAC Goals

• Through *ObesityPAC*, we will work to:
  o Ensure coverage of bariatric surgery in every public and private healthcare plan across the country;
  o Establish fair and balanced coverage policies for co-pays, deductibles, and reimbursement;
  o Eliminate “once in a lifetime” bariatric surgery policies;
  o Educate state and federal policymakers regarding the importance of the multidisciplinary treatment approach for those affected by obesity; and
  o Eradicate the widespread prevalence of obesity bias and stigma in our country.
Obesity PAC Event

- New Orleans, November 3, 630-9
- Obesity Week 2016
- US Senator Bill Cassidy
- Treat and Reduce Obesity Act Sponsor
- Let's Work Together
- Support
ADVOCACY
What I Believe
Morton Principles

• MESSAGE - Safe & Effective
• DATA - Value of Registry
• UNITY - 11th Commandment (thou shalt not speak ill of another bariatric procedure)
• COLLABORATION - Societies, Surgeons, OAC
• PATIENCE - Timeline
• PERSISTENCE - Remove Age/Wgt Loss Barriers