CONFRONTING OBESITY IN GERMANY
Creating a more comprehensive approach

It may be the political and economic leader of Europe, but when it comes to the global obesity epidemic, Germany takes a decidedly relaxed attitude compared with its neighbours.

Despite a population in which two-thirds of men and half of all women are overweight or obese and a quarter of the population meets the definition of obese, the government and health insurance system have yet to introduce a comprehensive strategy or even acknowledge that a serious problem exists, according to experts interviewed for this case study.

"In our opinion, the current obesity policy is not effective enough," says Dr Stefanie Gerlach, head of health policy at German Diabetes Aid (diabetesDE) and a member of the board of the German Association for the Study of Obesity (Deutsche Adipositas Gesellschaft, or DAG). "Obesity therapy is not paid on a regular basis by health insurers, reimbursement is very heterogeneous and often lacking, and people often have to fight with their insurance company to get financing for bariatric surgery."

The underlying problem, say Dr Gerlach and others, is the fact that under Germany's federal system, there is no comprehensive approach to addressing obesity at the national level. Instead, what initiatives exist come from regional and local levels, with coverage and reimbursement in many cases varying from one social insurance programme to another.

"There are local programmes, citywide and pilot projects, but no German-wide structured prevention programme for obesity or even a strategy," says Professor Matthias Blüher, head of the obesity outpatient clinic for adults at the Clinic for Endocrinology and Nephrology Medical Research Centre at Leipzig University.

Focus on obesity as a lifestyle issue

A key contributing factor, according to Professor Blüher, is the fact that in Germany, as in many other European countries, obesity is considered a lifestyle problem rather than a disease. This underlying belief makes the providers of the country's public statutory health insurance (SHI) scheme, known in Germany as Gesetzliche Krankenversicherung (GKV), reluctant to invest in obesity treatment that might reduce costs in the medium to long term but results in higher premiums that would undercut the competitiveness of SHI providers in the short term.

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"If you say it's not a disease, insurance companies are not responsible for treating obesity," Professor Blüher notes. "If they admit obesity is a disease, the health costs might explode. This is one of the structural pitfalls of German obesity policy."

A 2014 survey by the European Association for the Study of Obesity found that 80% of German policymakers underestimated the total population that exceeded a healthy weight, and one-fifth considered government to have no responsibility for reducing obesity. At least one-fifth of German policymakers, meanwhile, regarded healthcare professionals as having no responsibility at all for reducing obesity.[1]

As a result, treatment options are far narrower than in countries such as the UK, France and Switzerland, where the problem is more openly discussed, Professor Blüher says.

Although the German Obesity Society and other groups have introduced initiatives to create a disease management programme for obesity, publicly funded insurance companies rebuffed them in 2015, saying obesity was not a priority, Professor Blüher adds. Obesity clinicians' applications for money from a federal innovation fund for neglected diseases have also been unsuccessful so far, despite initial support from some insurance companies. They later concluded that internal cost-effectiveness evaluations did not support investment in treatment.

Prevention receives a legal basis

In January 2016 a new prevention law came into force with an annual budget of more than €500m (US$544m), in which obesity is again not mentioned, although overweight is included as one of the conditions targeted for individual preventive health-promotion classes provided by insurers, according to Dr Gerlach. Under the law, health and social insurers must spend €7 per insured individual on prevention, with the funds divided between promoting health in workplaces, health promotion in home settings and health-promotion classes provided by insurers.

Nevertheless, doubts remain. "We think the prevention law is half-hearted; it is still focusing on individual behavioural changes and is still medicine-centred. We are missing a determined shift of paradigm to improve the environment in a health-promoting way," Dr Gerlach says.

Although in 2016 the government has committed to a national strategy for reducing sugar, fat and salt consumption, a number of health organisations are advocating a tax on sugary and fatty food in combination with subsidies for healthy food, mandatory quality criteria for school-food nutrition, mandatory one-hour physical activity for all school pupils and the curbing of advertising for unhealthy food targeted at children, according to Dr Gerlach.

Little reimbursement for medical intervention

Access to treatment options remains uneven and depends heavily on insurance levels and where individual patients live, according to Professor Blüher. While it is possible to apply for comprehensive

[1] European Association for the Study of Obesity (EASO), *Obesity Perception and Policy: Multi-country review and survey of policymakers*, 2014. Available at: http://easo.org/wp-content/uploads/2014/05/C3_EASO_Survey_A4_Web-FINAL.pdf

weight-loss management programmes at obesity centres that are covered by individual insurance plans, such programmes are not available in every location, nor are they funded consistently by insurance plans, he says.

Intensive weight-loss plans are generally not covered, while eligibility for bariatric surgery is also inconsistent, those interviewed say. "Insurance companies decide whether to pay for treatment or not," says Dr Rudolf Weiner, head of the department of surgery at Sana Klinikum Offenbach and former president of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO).

Under the German Social Insurance Code, reimbursement for an obesity programme falls under the section dealing with measures for "supplementary rehabilitation". Although health insurers can cover such treatment—either in full or in part—they are not required to do so. Patients can dispute denials of reimbursement with their insurer; in such cases, the Medical Service of Health Insurance (Medizinischer Dienst der Krankenversicherung, or MDK), which carries out consultations and assessments for the SHI, evaluates whether the disputed treatment should be covered. The decision-making process of the MDK and its umbrella organisation, Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen (MDS), is rarely transparent, those interviewed say.

"Insurance companies will give the money if it lowers costs," Dr Weiner explains. "In some cases, they will deny it if it will save money. It is very hard to get an approval for surgery, and different insurance companies have different rules."

Moreover, insurance programmes do not, as a rule, reimburse surgical follow-up because it is an outpatient service and not generally classified as part of a diagnosis-related group (DRG). This is despite the fact that the German specialists interviewed for this case study—and many obesity experts in other countries interviewed for this case study series—say that after-care is extremely important for successful surgical outcomes.[2] In the Netherlands, by contrast, the Dutch government pays to screen obese patients to assess their eligibility for more intensive treatment, including surgery, and both before-care and long-term follow-up care are reimbursed by the country's health insurance companies.

In part as a result of these factors, around 12,000 obese German patients have surgery each year, compared with some 40,000 who could potentially benefit, Professor Weiner says. A 2015 study found that Germany had a bariatric surgery utilisation rate of just 72 per million population, compared with 571 per million in France, 761 in Sweden and 928 in Belgium.[3]

In the meantime, a shortage of surgical capacity makes it difficult to increase access to surgery significantly in the short term. "We are trying to create a programme that will allow us to improve the situation where there are better criteria for obesity surgery according to international guidelines. But it means the number of surgeries would double from year to year, and there is no capacity," Professor Weiner adds.

[2] The Economist Intelligence Unit, *Confronting obesity in Europe: Taking action to change the default setting*, Case Studies. Available at: http://www.eiuperspectives.economist.com/healthcare/confronting-obesity-europe-taking-action-change-default-setting/case-studies

[3] Borisenko, O, Colpan, Z *et al*, "Clinical Indications, Utilization, and Funding of Bariatric Surgery in Europe", *Obesity Surgery*, August 2015, Vol. 25, No. 8, pp 1408-16.

Towards a more comprehensive approach

Although German obesity experts interviewed for this paper generally agree that there is an excessive emphasis on the contribution of lifestyle to obesity rates, Professor Blüher and Dr Gerlach both add that structured prevention programmes that emphasise nutrition and healthy diets can help to confront the obesity problem in children and adolescents.

At the same time, the lack of defined and consistent standards for obesity treatment continues to undermine public health efforts. In addition, the relative lack of knowledge about obesity among physicians hampers further progress, as does the lack of reimbursement for more intensive treatment, Professor Blüher says. "There are guidelines. We know how to treat patients with obesity, and we can treat them."