

REPORT CARD ON ACCESS TO

OBESITY TREATMENT FOR ADULTS IN CANADA 2019

In 2017, Obesity Canada conducted the first rigorous appraisal of the degree to which adults living with obesity have access to medical treatments. Those results revealed dramatic treatment gaps – **the discouraging news is, after applying the same analysis two years later, very little has changed.**



WE LOOKED AT ACCESS TO **FOUR KEY OBESITY MANAGEMENT TOOLS** RECOMMENDED IN CANADIAN GUIDELINES:



Specialists and interdisciplinary teams for behavioural intervention



Medically supervised weight-management programs with meal replacements



Anti-obesity medications



Bariatric surgery

2019 RESULTS

RECOGNITION OF OBESITY AS A CHRONIC DISEASE

The Canadian and American Medical Associations and the World Health Organization consider obesity to be a chronic disease which requires health systems to prevent and treat it as they do other chronic conditions.

ZERO



The number of provinces and territories that treat obesity within a chronic disease framework. The federal government also does not recognize it as a chronic disease.

Obesity continues to be viewed as a self-inflicted risk factor, which limits the interventions provided by governments and private health benefits.



Coverage in private drug plans is disproportionately greater for medications for other chronic diseases like type 2 diabetes or hypertension.

ACCESS TO BEHAVIOURAL INTERVENTIONS AND INTERDISCIPLINARY TEAMS FOR OBESITY MANAGEMENT



- Dietitian services are most commonly available to Canadians with obesity.
- Access to exercise professionals (e.g., exercise physiologists and kinesiologists) and to mental health support and cognitive behavioural therapy at the primary care level is extremely limited.

86,000+

The number of doctors in Canada

67

The number of American Board of Obesity Medicine-certified physicians in Canada, up from 41 in 2017.

6

The number of active nursing professionals in Canada with the Certified Bariatric Nurse designation offered by the American Society for Metabolic & Bariatric Surgery.

400,000+

The number of practicing nurses in Canada



Since 2017, Obesity Canada has certified **80 Certified Bariatric Educators**, and educated nearly **1,000 more health professionals** via workshops and online learning.

ACCESS TO MEDICALLY SUPERVISED WEIGHT-MANAGEMENT PROGRAMS WITH MEAL REPLACEMENTS



Medically supervised meal replacement products and programs can be recommended as a component of an energy-reducing diet.

- Costs associated with medical supervision (diagnostic tests and clinicians) are covered by health authorities.
- The cost of the meal replacement products is an out-of-pocket expense **not** covered by any provincial drug benefit program or private drug benefit plan and **not** eligible for the CRA's Medical Expense Tax Credit.
- This differs from complete nutrition formulas for other chronic diseases, such as diabetes, cystic fibrosis and cancer.

\$250.00+

Typical out-of-pocket cost per month of the meal replacement products borne by the patient.

ACCESS TO PRESCRIPTION ANTI-OBESITY MEDICATIONS



Three medications are indicated for obesity management in Canada (Xenical®, Saxenda® and Contrave®).

PUBLIC COVERAGE

ZERO

The number of obesity medications covered by any provincial/territorial formulary, provincial public drug benefit programs, or Federal Public Drug Benefit Programs.

Xenical® is covered under the Canadian Forces Health Services Program through an exception mechanism and Xenical®, Saxenda® and Contrave® are covered under the Public Service Health Care Plan for federal employees.

Coverage for obesity medications is inequitable compared to coverage of medications for other chronic diseases:

11 to 31

The number of diabetes medications covered in provincial/territorial formularies.

Grade for all provinces and territories: **F**

Grade for federal coverage: **C**

PRIVATE COVERAGE

<20%

The proportion of Canadians who have access to obesity medications through private drug plans.



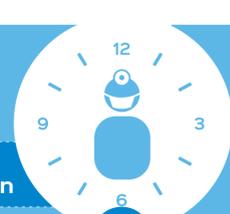
- Coverage rates vary widely from province to province.
- Coverage in private drug plans is **disproportionately greater for other chronic diseases like type 2 diabetes or hypertension.**

ACCESS TO BARIATRIC SURGERY

Bariatric surgery can offer sustainable weight management with substantial reductions in morbidity and mortality for the appropriate patients.

→ **20% to 30% reduction**

→ **40% to 89% reduction**



Grade for all provinces (except Quebec) for access to bariatric surgery: **F**

Grade for access to bariatric surgery in Quebec: **D**

- Bariatric surgery is available to **one in 171 (0.58%)** of eligible adult Canadians per year, a marginal improvement over 2017.
- Overall, access to bariatric surgery is very low, ranging from one in **96 adults** in Quebec to one in **1,073 adults** in Nova Scotia.

Limited resources for bariatric surgery and an increasing number of referrals have led to unacceptable wait times, though marginal improvements were noted over 2017.

	Wait Time Between Referral & Consultation	2019 Grade	Change in Grade vs 2017	Wait Time Between Consultation & Surgery	2019 Grade	Change in Grade vs 2017
Newfoundland and Labrador	8 months	C	Improvement	8 months	B	Improvement
Nova Scotia	106 months	F	No	3 months	A	Improvement
New Brunswick	48–84 months	F	No	Up to 12 months	B	Improvement
Quebec	24 months	F	No	6–12 months	B	No
Ontario	Referral to medical program: up to 24 months	F	No	6–12 months	B	No
Manitoba	72 months	F	No	6–8 months	B	Improvement
Saskatchewan	36 months	F	No	6–12 months	B	No
Alberta	18–24 months	F	No	More than 12 months	C	No
British Columbia	Up to 24 months	F	No	Up to 12 months	B	No

