

SUMMARY: REPORT CARD ON ACCESS TO OBESITY TREATMENT FOR ADULTS IN CANADA 2017



Obesity is a chronic disease that impacts the lives of millions of Canadians. But, how well are we doing at treating obesity in Canada? The Canadian Obesity Network has now examined access to publicly provided medical care for adults with obesity, including interventions covered by private health benefit plans.



FACT: OBESITY IS TREATABLE

Obesity is a chronic disease requiring treatment approaches as recommended in the *Canadian Clinical Practice Guidelines*:



Specialists and interdisciplinary teams for behavioural intervention



Medically supervised weight-management programs with meal replacements



Anti-obesity medications



Bariatric surgery



Did you know that the Canadian Medical Association, the American Medical Association, the World Health Organization and other international organizations have declared obesity a chronic disease?

FACT:

Neither the federal government nor any of the provincial/territorial governments in Canada have recognized obesity as a chronic disease. This has a negative trickle-down effect on access to obesity treatment.

ACCESS TO SPECIALISTS AND INTERDISCIPLINARY TEAMS FOR BEHAVIOURAL INTERVENTION



- Dietetic resources and programs are the most common health service available for obesity management.
- Access to exercise professionals at the primary care level is extremely limited.
- There is a significant lack of mental health support and cognitive behavioural therapy for obesity management outside the bariatric surgery route.
- There are significant gaps in access to interdisciplinary teams for obesity management.

FACT:

A very limited number of Canadian physicians are pursuing formal training in obesity management.

- Medical schools do not routinely include obesity in their curriculum.

40:

Number of Canadian physicians who have completed certification through the American Board of Obesity Medicine



80,544:

Number of physicians in Canada

ACCESS TO MEDICALLY SUPERVISED WEIGHT-MANAGEMENT PROGRAMS WITH MEAL REPLACEMENTS

- Very few medically supervised weight-management programs with meal replacements exist in publicly funded healthcare systems.
- They are mainly used as a pre-surgery weight loss tool for patients on the bariatric surgery route.

**BETWEEN
\$1,000 &
\$2,000**

Amount patients must pay out-of-pocket for meal replacement supplement

ACCESS TO PRESCRIPTION ANTI-OBESITY MEDICATIONS

Public Coverage

Two anti-obesity medications (Saxenda® and Xenical®) are approved in Canada. **No provincial/territorial drug benefit plan covers the cost, nor do any of the Federal Public Drug Benefit Programs.**



Grading Access to Anti-Obesity Medications

Criteria

- A** All Pharmacare programs cover both medications.
- B** Both medications are covered by more than one of the Pharmacare programs.
- C** At least one of the medications is covered by more than one of the Pharmacare programs.
- D** At least one of the medications is covered by one of the Pharmacare programs.
- F** No Pharmacare programs cover either medication.

Pharmacare Programs in All the Provinces and Territories

F

Federal Public Drug Benefit Programs

F

Private Coverage

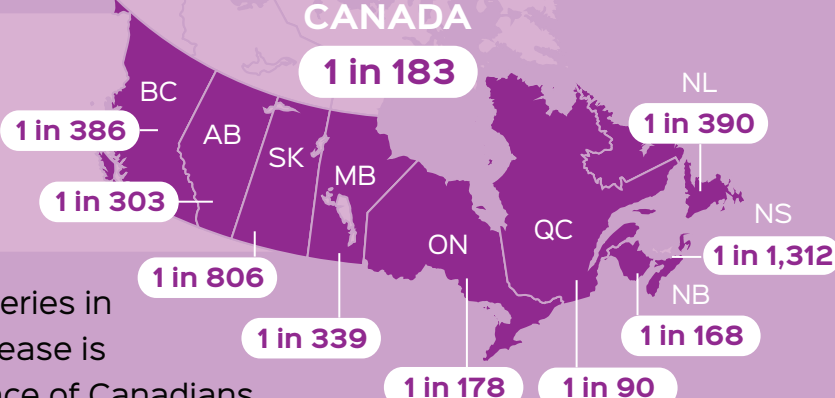
In a sample of 45% of Canadians who have private drug insurance, **only 8.8%** had access to anti-obesity medications through their drug insurance plans.

Estimating the national coverage for anti-obesity medications, **less than 20%** of the Canadian population with private drug insurance plans have access to these medications.

ACCESS TO BARIATRIC SURGERY

- Bariatric surgery is performed in only nine provinces in Canada (it isn't performed in PEI or any of the territories).
- There are **113 surgeons in 33 centres** where bariatric surgeries are performed.

Bariatric surgery is available to only **one in 183 (or 0.54% of)** adult Canadians per year who may be eligible for it.



- While the number of bariatric surgeries in Canada continues to rise, the increase is outpaced by a rise in the prevalence of Canadians with Class II and Class III obesity.

Grading Criteria for Access to Bariatric Surgery

Criteria

- A** At least one in 10 adults who have Class II or Class III obesity have access to bariatric surgery.
- B** At least one in 25 adults.
- C** At least one in 50 adults.
- D** At least one in 100 adults.
- F** Less than one in 100 adults.

Access to Bariatric Surgery in All the Provinces except Québec

F

Access to Bariatric Surgery in Québec

D

Wait Times for Bariatric Surgery

Criteria

- | Criteria | From Referral to Consultation | From Consultation to Surgery |
|----------|-------------------------------|------------------------------|
| A | Less than three months. | Less than six months. |
| B | Between three and six months. | Between six and 12 months. |
| C | Between six and nine months. | Between 12 and 18 months. |
| D | Between nine and 12 months. | Between 18 and 24 months. |
| F | More than 12 months. | More than 24 months. |

Waiting Time between Referral and Consultation in All the Provinces

F

Waiting Time between Consultation and Surgery

NS, QC, ON, NL, NB, SK, BC, MB, AB

B

C



Full report, methodology and additional findings are available at: www.obesitynetwork.ca/reportcard



canadian obesity network



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