

March 19, 2018

Dr. David C. Grossman, Chairperson  
U.S. Preventive Services Task Force  
5600 Fishers Lane  
Rockville, MD 20857

Submitted electronically at:

<https://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/draft-recommendation-statement/obesity-in-adults-interventions1>

Re: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions

Dear Dr. Grossman and Task Force:

The National Association of Social Workers (NASW), representing 125,000 social workers, submits comments on the U.S. Preventive Services Task Force (USPSTF) Draft Recommendation Statement, *Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions*. NASW is the largest professional social work organization in the United States.

The social work profession promotes well-being and social workers serve vulnerable populations with chronic physical and mental conditions. Social workers work as private practitioners and are employed in a variety of health care settings. They provide psychosocial support to patients and families and clinical social workers provide clinical assessment and treatment for mental health conditions; they are the largest group of providers of mental health services in the U.S.

NASW supports the recommendation of the USPSTF, referring adults with a body mass index (BMI) greater than 30kg to intensive, multicomponent behavioral interventions. NASW asks that further explanation of the term, “intensive, multicomponent behavioral interventions” be provided to clarify the frequency of care and the composition of teams that would provide services.

NASW recommends that services from social workers are included in behavioral interventions for obesity. Comorbid mental health conditions including depression, anxiety and mood

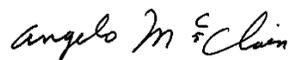
disorders are common among adults with obesity. Using strengths-based approaches, social workers have expertise in examining illness in the context of the family and community environment. In addition, assessing and documenting BMI for adults is within the scope of practice of social workers and is a quality reporting measure under Medicare's Merit-Based Incentive Payment System (MIPS).

Across health care settings, social workers are part of interprofessional care delivery teams that help patients with complex needs navigate medical and social supports. NASW is working to promote integrated care opportunities so that physicians can improve collaboration with local behavioral health providers. This is in line with federal initiatives, including the CMS Transforming Clinical Practice Initiative that advances integrated care (<https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/>).

In practice, many barriers to accessing comprehensive services for obesity exist for both adults and children. A recent article examined a comprehensive model for obesity care in children offered by Duke Children's Health Lifestyles Program with a range of medical providers, a clinical psychologist and social worker. The article notes challenges with payment for these multicomponent interventions. "Billing for registered dietitian and behavioral services was attempted; however, reimbursement was inconsistent, and patients refuse services because of noncovered services or high copayments" (Slusser et al., 2011, p.79, <https://www.ncbi.nlm.nih.gov/m/pubmed/21885649/>). With the USPSTF's analysis, further guidance is now needed to overcome barriers to access, coverage and reimbursement to effectively implement the recommendations.

Thank you for the opportunity to provide comments. Should you have any questions about NASW comments, please do not hesitate to contact me at [naswceo@socialworkers.org](mailto:naswceo@socialworkers.org) or 202.336.8200.

Sincerely,

A handwritten signature in cursive script that reads "Angelo M McClain".

Angelo McClain, Ph.D., LICSW  
Chief Executive Officer