THE OBESITY REVOLUTION

Obesity specialists are scarce. Here's how that's starting to change

By Simar Bajaj Aug. 23, 2023

MARIAN F. MORATINOS FOR STAT

Reprints

Treatment of obesity has never been more prominent, with the advent of medications like Ozempic and Mounjaro generating both excitement and concern. Overlooked, however, is a severe shortage of doctors who actually specialize in treating obesity.

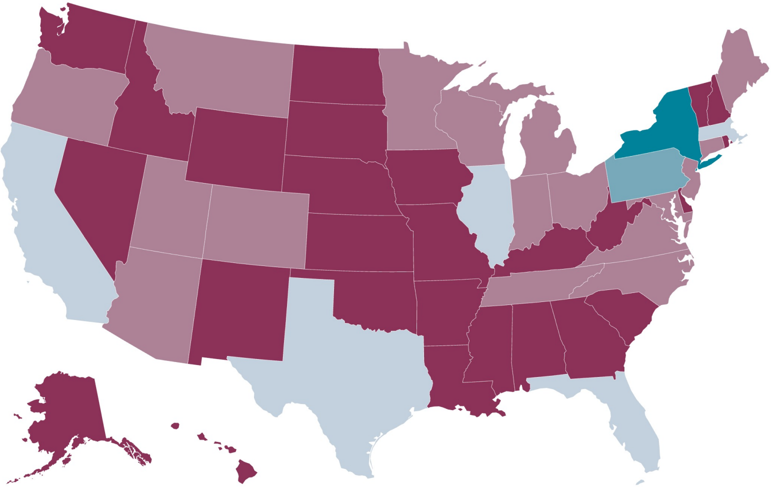
Across the United States, fewer than 100 doctors have completed a fellowship in obesity medicine and are actively practicing, according to a STAT analysis. More than half of these specialists are located across just four states — New York, Pennsylvania, Massachusetts, and California — with the majority of states not having a single one.

Given that almost 50% of the U.S. population is expected to have obesity by 2030, experts say this is the most severe patient-specialist mismatch in the country.

Most states have no fellowship-trained obesity medicine doctors

Number of obesity specialists in 2023 who completed a one-year training program

■ 0 ■ 1-4 ■ 5-9 ■ 10-14 ■ 15 or more



Note: State of practice was determined with publicly available information

Map: Simar Bajaj/STAT, J. Emory Parker/STAT • Source: Obesity Medicine Fellowship Council, Federation of State Medical Boards, and Doximity

Stacey Schlegel knows this scarcity well, driving five-and-a-half hours every time she has an appointment with Juliana Simonetti, an obesity medicine doctor at the University of Utah.

It can sometimes take longer, like when her car breaks down or the local highway closes due to snow, said Schlegel, a nonprofit director in Dove Creek, Colo., a town of under 750. But usually, it's a three-day excursion, two days dedicated to traveling and one for doctor's appointments — as many as Schlegel and her husband can pack in. "If we're really tight and careful with our budgeting, $500 is pretty average," she said. "Sometimes, I'll go myself just because we can't afford for two of us to go up."

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Obesity, like most chronic diseases, is rarely treated by specialists. With nearly half of all doctors in the U.S. being primary care providers, these generalists are most patients' main contact in the health care system, managing everything from hypertension to type 2 diabetes.

What distinguishes obesity, however, is providers' limited training in the disease process, according to Scott Butsch, director of obesity medicine at the Cleveland Clinic. Obesity was recognized as a disease by the American Medical Association only a decade ago, at a time when more than 50% of primary care providers in a survey said that patients with obesity were "awkward, unattractive, ugly, and non-compliant." These beliefs that weight is determined by willpower and patients are personally to blame have similarly been expressed among endocrinologists, cardiologists, nurses, and dietitians, leading to delays and avoidance of care.

The new generation of GLP-1 drugs — shown to be effective for weight loss and, in a new trial of Wegovy, improved cardiovascular health — has generated enthusiasm among patients and rising physician interest in obesity training programs. More than a half-dozen obesity medicine specialists interviewed by STAT said that it was essential to bolster education efforts for general practitioners, allow multiple paths to obesity board certification, and create more fellowship training programs.

But within this effort lies the influence of Novo Nordisk, maker of Ozempic and Wegovy, which has been providing funding for medical school curricula, some continuing medical education courses, and the majority of obesity medicine fellowship programs. "Obviously, the company has their own interests in doing it, and we have our interests in being able to train and getting more people to care for patients with obesity," Simonetti said.

The need for specializing

Obesity currently occupies a small part of most medical curriculums. Butsch has research (funded by Novo) that shows the average medical school spends just 10 hours on it across the four year curriculum. Furthermore, only 21% of family medicine residency leaders and 2.5% of internal medicine residency leaders believed their trainees were "very prepared" to manage obesity. "Their confidence in treating patients with obesity — especially in a complex way which goes beyond just lifestyle modification or adding a singular anti-obesity medication — is low," Butsch said.

But the problem might be even more structural, according to Michelle Freshwater, a board-certified obesity medicine physician in Boise, Idaho. "You don't have time in a primary care practice to address obesity adequately, even if you're adequately trained," she said, given that the average exam is less than 20 minutes. The result, she argued, is that 1% of eligible patients with obesity get medication treatment or bariatric surgery, with even fewer getting intensive behavioral therapy.

The role of an obesity medicine specialist is to actually treat this disease and deal with its complexity, according to Simonetti, given that obesity is linked to greater incidence of heart failure, type 2 diabetes, chronic liver disease, and over a dozen types of cancers. Specialists learn to create treatment plans that include motivational interviewing, behavior modification, and nutrition and physical activity plans, as well as possible pharmacological approaches and bariatric surgery. "You're doing all these things in conjunction," said Simonetti, similar to other chronic diseases. "For diabetes, you say, let's cut down some of the sugar and carbohydrates — in addition, let me give you metformin."

Of course, not every patient with obesity needs a specialist because, while a person's body mass index can be over 30, they may be perfectly metabolically healthy or don't even think of themselves as having a disease.

Related: 'Emotional hunger' vs. 'hungry gut': The attempt to subtype obesity and tailor treatments

And with the specialty so new, its scope of practice is not really standardized. For instance, at the University of Utah, Simonetti works in a multidisciplinary clinic with nutritionists, exercise physiologists, and psychologists, so her clinical role is clearly defined. "I might be more effective in assessing the health complications while the nutritionist or the registered dietitian can deliver the nutritional counseling," she said.

On the other hand, Freshwater is the only provider at Idaho Weight Loss, so she has to try to deliver the whole spectrum of care. "There's more patients than I can see," Freshwater lamented. With her part-time physician assistant recently moving to another job, she cares for some 3,000 patients every year on her own.

Stacy Schlegel at her home in Dove Creek, Colo. (portrait was taken remotely)
CAITLIN MCNANEY FOR STAT

Amping up obesity education

To ensure that all 115 million Americans with obesity have access to care, the field should focus on empowering primary care providers to treat "simple obesity," or uncomplicated cases, said Kimberly Gudzune, medical director of the American Board of Obesity Medicine. "That, hopefully, prevents the development of some of the complications."

And this work begins in medical school and residency. For instance, Simonetti has proposed a one-month elective course on obesity at the University of Utah School of Medicine, and Freshwater has been working with the Obesity Medicine Association to incorporate education into training programs nationwide, including the local family medicine residency in Boise.

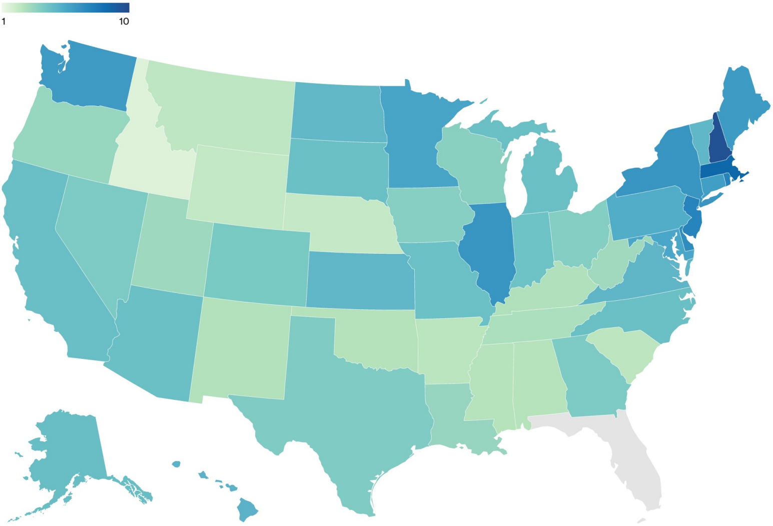
When this kind of optional training was offered in a preventive medicine program at the University of California, San Diego, Melissa Shoemaker quickly became hooked. "I spent basically all my free time, all my electives at the weight management clinic," Shoemaker said. "Even doing that, I just felt like there's more to learn." She's since become the inaugural obesity medicine fellow at the University of Alabama at Birmingham.

As an alternative to a one-year obesity fellowship, doctors can also pursue a 60-hour online continuing medical education (CME) course to receive board certification. Gudzune pursued this path herself, noting that "it's a little hard to ask a practicing physician to stop their practice and go and do a fellowship for a year."

Given this more flexible pathway, the number of board-certified obesity physicians has skyrocketed over the past decade, with about 6,500 CME-trained doctors in 2023. Still, shortages persist, with no state having more than one obesity specialist per 10,000 patients with obesity. Idaho is the hardest hit, with only one specialist per 100,000 obesity patients.

Unequal distribution of obesity specialists

Number of obesity specialists per 100,000 patients in 2021



Note: Data are unavailable for Florida

Map: J. Emory Parker/STAT Data: Simar Bajaj/STAT • Source: US Census Bureau, CDC, American Board of Obesity Medicine

While there may be a quality difference between CME-trained physicians and fellowship-trained physicians, Gudzune emphasized that they both passed the same board-certification exam. And with such an acute shortage of fellowship-trained doctors, the CME pathway gets boots on the ground more quickly. “It’s vital because we don’t have even enough basic residency spots,” said Freshwater. “It has to be a CME pathway here in Idaho if we’re going to increase the numbers.”

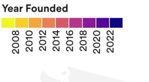
Establishing the subspecialty

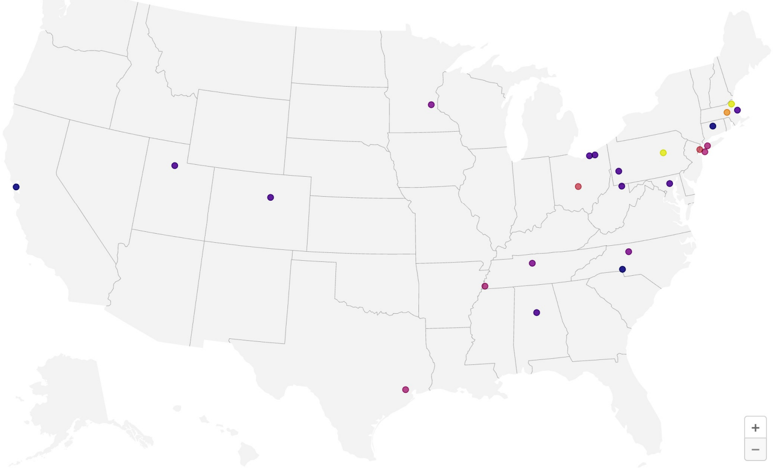
Lee Kaplan, director of The Obesity and Metabolism Institute in Boston and a consultant for Novo Nordisk, thinks the CME pathway is helpful but not a long-term solution. “It cannot substitute for the kind of intensive training that you need,” he said. “I don’t believe that people who are not fellowship trained get enough education in what it means to be a specialist.”

That’s why, as chair of the Obesity Medicine Fellowship Council, Kaplan has prioritized creating more training programs across the country, from six in 2016 to 25 in 2023. “In a typical subspecialty of medicine, you might have as many fellowship programs as you have medical schools, so around 150-160,” said Kaplan. “We’re not there yet.”

75% of obesity medicine training programs were started after 2017

Locations of obesity medicine fellowship programs in 2023 by year of founding





Map: Simar Bajaj/STAT, J. Emory Parker/STAT • Source: Obesity Medicine Fellowship Council

Creating more fellowship programs has been difficult, however, because the American Board of Obesity Medicine is not part of the American Board of Medical Specialties, which is the main certification organization, housing 24 boards, 40 specialties, and 89 subspecialties.

Kaplan said the heterogeneity in training pathways is a large part of what makes obesity medicine ineligible. “Every other specialty, if you want to be fully trained, you have to do a fellowship,” Kaplan said. So as long as there is an online CME option, he anticipated that obesity medicine will remain unrecognized.

Navigating pharma influence

While Medicare typically funds graduate medical education, this is only for approved programs. So creating a new obesity medicine fellowship requires an institution to make a substantial financial investment. The Obesity Medicine Fellowship Council has a grant from Novo Nordisk to help seed programs, but they are designed to only cover up to 50% of a fellow’s salary. “It’s a shoestring operation,” Kaplan said.

Currently, 15 of the 25 obesity medicine fellowships have received this grant, including the program Simonetti leads at the University of Utah, which started in 2021. She acknowledged Novo’s funding raised a question of appearances but emphasized that the money was independently administered, offering a layer of insulation from pharma.

“They do not have any direct influence on how I educate; they have no mandates,” said Simonetti. “I don’t have to say, ‘Wow, I prescribe X amount of drugs because I’m getting funding from Novo Nordisk.’ There’s no direct impact in any way.”

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On the CME training pathway, the American Board of Obesity Medicine has listed 15 courses as acceptable for board certification, and STAT confirmed that at least eight — Healio, Pri-Med, Medscape, American College of Physicians, American Association of Clinical Endocrinology, American Academy of Family Physicians, Cleveland Clinic, and the University of Minnesota — have received funding from Eli Lilly or Novo Nordisk for some of their offerings. Organizational spokespersons uniformly emphasized that these companies had no input into the content, design, or implementation.

Indeed, Graham McMahon, CEO of the Accreditation Council for Continuing Medical Education, said that these grants all come with safeguards. While pharmaceutical companies rarely do anything "out of the goodness of their heart," he noted that there are strict guidelines to maintain the integrity of CME courses, including ones that receive pharma funding. "They're not allowed to fund the travel of individuals coming to the activity, they're not allowed to select or suggest faculty, they're not allowed to suggest or select content for the educational program," said McMahon, with random audits conducted to ensure compliance. "So there is very little they can get out of this."

Tiffani Bell Washington, a psychiatrist who has never received any money from Novo Nordisk and is board-certified in both obesity and lifestyle medicine, acknowledged the poor optics of Novo funding obesity education and training efforts. "There is always this suspicion, 'Oh, if they're paying for it, are they teaching you only to use their medications?'" But she expressed confidence in medicine's firewalls and said that given the public health threat of obesity and absence of government support, some industry funding was better than nothing. "We do need their money," Washington admitted.

The network builds

Obesity experts are trying to build their ranks, although geographic disparities remain. Alabama is still without a single fellowship-trained obesity medicine specialist, with Shoemaker leaving UAB's training program to join the faculty at the University of Texas Southwestern. At the University of Utah, inaugural trainee Jessica Morales will be joining Simonetti on faculty in September — as the second fellowship-trained obesity medicine physician in the state of Utah.

Having struggled with her weight her whole life, Schlegel feels "very blessed" to have met Simonetti and be receiving care. "With obesity comes a lot of shame and guilt, and you beat yourself up a lot," said Schlegel. "She is the doctor who will make sure that you're not doing that to yourself."

So, despite how difficult it is to make the 11-hour round trip from Dove Creek to Salt Lake City every few months, Schlegel intends to continue making it as long as she physically and financially can. "It's worth it; it's worth the care," she said.

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