



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

17 Oct 2011

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
COMMANDER, JOINT TASK FORCE, NATIONAL CAPITAL
REGION MEDICAL
DIRECTOR, TRICARE MANAGEMENT ACTIVITY

SUBJECT: Guidelines for Management and Prevention of Adult Obesity

Adult obesity rates in the United States have reached epidemic proportions. Nationally, 33.8 percent of adults are obese and 68 percent are either overweight or obese. Based upon 2010 data, 26 percent of adults enrolled to Military Treatment Facilities (MTF) in the Military Health System (MHS) were considered obese, and 66 percent of adults were either overweight or obese, which is comparable to national rates. Obesity is a serious concern in the MHS, and work remains on this critical issue as it does impact military readiness.

To decrease rates of overweight and obesity in MHS adults, I am requesting that the Surgeons General direct all primary care providers to:

- Objectively measure a patient's height and weight at each visit, assess the patient's Body Mass Index (BMI) using Centers for Disease Control and Prevention (CDC) guidelines to determine if the patient is overweight or obese, and enter the appropriate diagnosis into the patient's problem list (if applicable).
- Provide all patients with appropriate education and counseling on the prevention and treatment of being overweight or obese, at least once yearly, regardless of risk.
- Discuss with patients the actions they can take personally and within their family to help prevent overweight and obesity. Address healthy eating habits, increased physical activity, and decreased time using electronic devices for entertainment (screen time).
- Follow the Veterans Health Affairs/DoD Clinical Practice Guideline for the Screening and Treatment of Overweight and Obesity in their practices

To decrease the rate of overweight and obesity in adults receiving care in the purchased care sector, TRICARE Management Activity (TMA) will develop and implement a communication plan to encourage network primary care providers to accomplish these same measurement, diagnosis, documentation, treatment, and prevention efforts whenever a TRICARE beneficiary is seen by them.

In order to assess compliance with these guidelines in MTFs, TMA is developing measures to follow the prevalence of overweight and obese beneficiaries in the direct care system, as well as documentation of the appropriate diagnosis on a patient's problem list when his/her BMI meets the CDC definition for overweight or obese.

A referenced guidance document providing more detailed information on the background and reasons for these directives can be found in attachment 1. Additionally, attachment 2 contains a list of resources to aid providers as they implement this policy in their practice.

Updates to these guidelines will be published as required to reflect significant advances from ongoing research in the field of adult obesity management. Questions may be directed to John P. Kugler, M.D., MPH, Deputy Chief Medical Officer, Office of the Chief Medical Officer, TMA, Falls Church, Virginia, (703) 681-0064.

Jonathan Woodson, M.D.

Attachments:
As stated