

Financial Incentives Spur Patients to Slim Down

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Everyone knows that money talks. But when it comes to dieting, can money really motivate overweight patients to shed pounds?

Dr. Joseph K. Chemplavil, an endocrinologist in Hampton, Va., thinks it can. He points to his own success in giving patients \$1 for each pound they lose.

Nearly all of Dr. Chemplavil's patients have diabetes, and most are overweight or obese. So when they come into the office he offers them a chance to enroll in his weight-loss program. The plan is simple: he advises them to eat less and exercise more. Then he asks them to sign a contract, which is posted on his Web site (www.dollarsfordieting.com).

Patients pay him \$10 to enroll and then agree that for every pound they gain, they will pay him \$1 in cash at the visit. In exchange, Dr. Chemplavil pledges to pay them \$1 for every pound they lose. He keeps a cookie jar full of dollar bills on his desk to make good on his end of the deal. "Signing the contract is the most important thing," Dr. Chemplavil said.

So far, the program is working. Since it began in 2002, nearly 400 patients have enrolled. Between 70% and 80% of those who have enrolled in the program have lost weight, with the average weight loss at 9 to 12 pounds per person per year.

The remainder of those in the program have gained about 5 to 11 pounds per person per year. Only a small number maintained the same weight throughout, he said. But it's not really about the amount of money patients can earn, Dr. Chemplavil said. Simply the act of getting or paying the money is the key. Some patients have even asked him for a crisp dollar bill so they could frame it. "I'm asking the patient: Show me the result; I'll show you the money," he said.



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Any physician can do this in his or her office, Dr. Chemplavil advised. The small enrollment fee pays for the program, and he doesn't spend much time counseling on the diet itself since the idea of a healthy diet and exercise isn't news to most patients.

Offering an incentive to patients is definitely appropriate, said Dr. J. Michael Gonzalez-Campoy, an endocrinologist and obesity expert in Egan, Minn., and assistant professor of medicine at the University of Minnesota, though he favors the use of positive incentives alone.

Physicians don't have to use money to achieve results, though, he said. In his practice, he uses encouragement and measurement to motivate patients to lose weight and keep it off. Aside from positive reinforcement, Dr. Gonzalez-Campoy said patients also see a prescription for an obesity medication as a kind of reward. Those medications can be great tools, and are often underutilized, he said.

But physicians aren't the only ones trying to motivate individuals to lose weight, Dr. Gonzalez-Campoy noted. On the national level, there are proposals to decrease health care premiums for individuals with a low body mass index. There are also some workplace initiatives that offer extra days off for employees who walk a certain number of steps each day, for example.

"Financial incentives are powerful," he said. "People will do a lot of things for money."



**No gain, no pain ... just a crisp
dollar bill from your doctor.**

Financial incentives to lose weight in the workplace are starting to get more attention. Researchers at the University of North Carolina at Chapel Hill and RTI International are currently studying worksite weight loss programs that rely on access to healthy foods, Web-based support, and financial incentives.

Researchers in a pilot study found that people who received payments of \$14 per percentage point of weight loss were able to lose more weight than those receiving \$7 or no money at all (J. Occup. Environ. Med. 2007; 49:981-9).

“Incentives on average work,” said Eric Finkelstein, Ph.D., director of RTI’s Public Health Economics Program and the lead author of the pilot study. But the incentives were most effective among a subset of employees for whom the financial incentive gave them the extra boost to really focus on losing weight, he added.

Now that more workplace wellness programs are emerging, there are some questions about whether paying employees to meet certain health targets is legal or ethical, said Dr. Donald Bergman, an endocrinologist in New York City and a past president of the American Association of Clinical Endocrinologists.

Paying people to meet specific clinical targets could be unfair for those who put in the effort but can’t meet the targets, he said. Instead, he favors programs that reward individuals for achieving some level of improvement through participation, even if they don’t meet the targets.