Underwhelmed With Wellness:

Employers Get Serious About Cardiometabolic Disease

FormHealth | HR DIVE

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As wellness point solutions proliferate, HR leaders have several options for employee-facing health tools as they design more supportive employee benefits. But are these platforms actually reducing healthcare costs and improving employee health?

Many wellness solutions disregard the clinical drivers of obesity, a top cause of chronic diseases. And when employers invest in these hyped-up "healthy living" tools, they risk buying solutions that will inevitably deliver poor value and fail to engage. They also risk point solution fatigue, as organizations have been known to juggle between 4 and 9 solutions across different aims.

This playbook challenges the allure of these employer-offered lifestyle and wellness apps—while exploring the clinical tools employers should consider instead as they seek higher-value solutions amid a cardiometabolic crisis and rising healthcare costs. Learn how and why obesity should be treated as the complex clinical condition it is, and how a "clinical-first" approach can provide more value and a better experience across the board.

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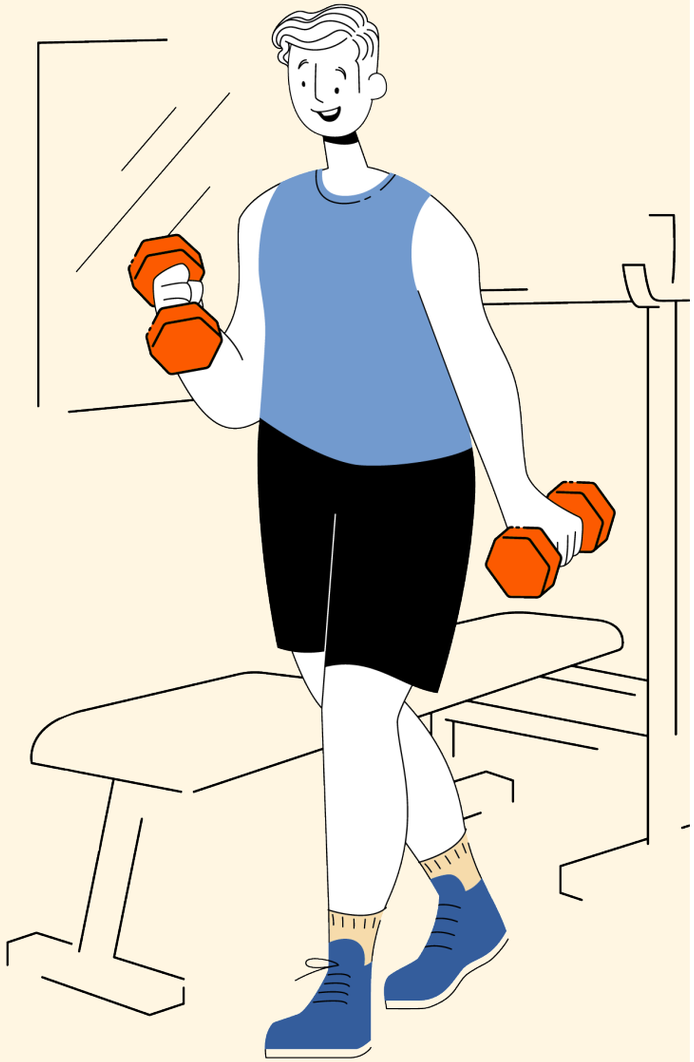
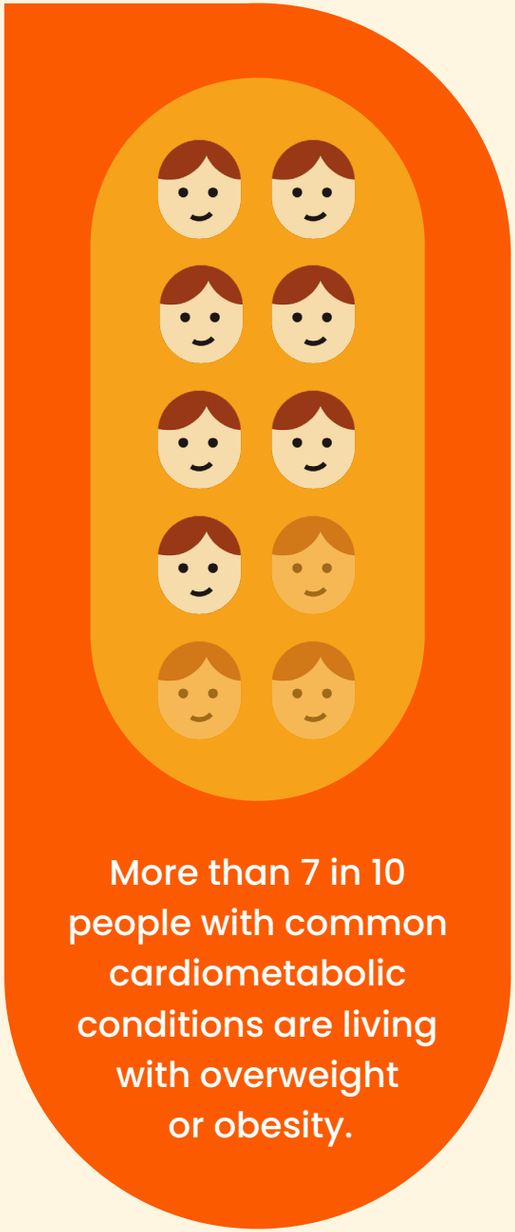


Obesity: A Key Signal of Cardiometabolic Health

Obesity is often considered just another comorbidity or personal failure, a condition that coexists with others such as diabetes, high blood pressure, and hyperlipidemia. But doctors have long pushed back against that notion. Instead of being something that correlates with cardiometabolic disease, what if obesity were actually causing it, at least for many people?

The number of U.S. adults who are living with overweight or obesity has increased substantially, from 50% in 1990 to 75% in 2025. Meanwhile, the rate of cardiometabolic disease—a cluster of diagnoses across diabetes, heart disease, and chronic kidney diseases, among others—has also increased. In fact, 90% of people with type 2 diabetes, 80% of people with prediabetes, and 84% of people with hypertension also have overweight or obesity.



The overlap between populations with cardiometabolic diseases and populations who are living with overweight or obesity aren't a coincidence. And they're widely known in the medical community: The American Medical Association recognized obesity as a disease in 2013, citing how weight loss results in improvements across heart disease, diabetes, and high blood pressure. Obesity should be considered a key, and interrelated, signal of cardiometabolic health.

"We know that obesity is highly interrelated with all these other weight-related conditions," said Dr. Teja Kompala, an endocrinologist and Head of Cardiometabolic Health at Form Health. "In fact, for many of these conditions—hypertension, hyperlipidemia, prediabetes, diabetes—it is a core part of treatment to be focusing on healthy, sustainable weight loss."

Even so, as employers wrestle with increasing costs of health insurance claims for a workforce where an average of 75% of employees are living with overweight or obesity, they're spreading their efforts across multiple risk factors and initiatives instead of focusing on obesity at the core. They might buy a diabetes app here, a high blood pressure app there, and a general wellness app to round things out. But what they should be doing, experts say, is to start with obesity—and treat it like the complex clinical condition it is.

"Decades of scientific studies have shown that you can pharmacologically modify biology through drugs and people lose weight," said Dr. Florencia Halperin, endocrinologist and Chief Medical Officer at Form Health. "These are proof points that obesity is a disease, and that it is treatable. Understanding that is critical for employers."

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Contrasting a Wellness vs. Clinical Approach

In the context of obesity and cardiometabolic diseases, there are wellness solutions and there are clinical solutions. Though they may seem similar, these categories operate in dramatically different ways.

A wellness framework, for example, considers weight management a matter of voluntary lifestyle. Looking at it from this lens, weight challenges are often seen as failures of willpower, such as not dieting well enough or not committing to exercise goals. Consequently, many of these apps feature generalized wellness education and motivational advice from nonclinical coaches or chatbots.

Clinical-first solutions, like Form Health, take a different tack.

These platforms offer a “clinical front door,” an entry point into treating obesity and cardiometabolic diseases with evidence-based, guidelines-informed care. With this clinical-first model, members receive medical care from a team of expert dedicated clinicians across four key areas: nutrition, physical activity, behavioral health, and FDA-approved medication. Person-to-person care comes from licensed professionals with dedicated specialty training, not bots or coaches.

What is a clinical-first solution?

A clinical-first solution is a platform that serves as an entry point into treating obesity and cardiometabolic diseases with evidence-based, guidelines-informed care. It has four core components of care:

Nutrition

Physical Activity

FDA-approved Medication

Behavioral Health

"It's very different from that old wellness mentality, which focused on tools that did not address biology, only willpower. It's also very different from a unidimensional approach, where the solution is a GLP-1 and only a GLP-1. Employers need to be thinking about broader solutions," Dr. Halperin said. "They need programs that deliver comprehensive care—that address nutrition, physical activity, and behavior change together with the pharmacotherapy, because that's what studies show works."

You need a team who can:

- Evaluate a patient clinically
- Understand how obesity is affecting their health and health risks
- Pick the right treatment for that unique individual in a more nuanced way

Such advantages of a clinical tool can measurably improve utilization, a persistent concern for HR buyers and a key factor in whether the solution delivers meaningful ROI. Evan Richardson, CEO and Founder of Form Health, attributes those utilization gaps to a simple reason: Employees use tools they find valuable and ignore or abandon those they don't.

"This new generation of cardiometabolic solutions takes that old point solution problem (where nobody knows about it, wants it, or uses it) and flips it on its head," he said. "This is because clinical solutions make an actual difference for employees. In fact, we see members trying to register [for Form Health] ahead of their plan year eligibility—something I've never seen in my nearly 20 years in the benefit space."

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>
> **Evan Richardson, CEO and Founder of Form Health**

Value to Expect from a Clinical Solution

As employers invest in benefits solutions, they often look for a specific long-term ROI metric, such as absenteeism or productivity. But while those gains are valuable, experts say that measurement approach is incomplete because it's missing the more tangible impacts made at the outset with a clinical-first solution.

Prescription Spend Savings

Prescription costs already command nearly 30 percent of employers' healthcare spend. And, given the rising costs of specialty medications like GLP-1s (which saw 50 percent higher spending in 2025), one area where businesses can realize early value is prescription spend.

Reducing inappropriate spending is low-hanging fruit. Employers typically see these savings immediately, given a clinical-first solution's ability to prevent fraud, waste, and abuse that may occur elsewhere in the ecosystem.

"Being able to have those cost controls out of the gate is exciting because if you look at some of these historical point solutions, we used to tell people it will be 24 months until you'll know if we're doing it right," said Jen Cressman, Chief Commercial Officer at Form Health. "We don't do that. By the first month, we can start tracking against the prescription spend goals that we carefully set with our clients and hold ourselves accountable to them immediately."

Prescription costs can also be lowered with a more optimized, need-based use of high-cost drugs, such as obesity management medications like GLP-1s. Form Health calls this model "severity-aware prescribing," in which a partner like Form Health helps employers build a custom formulary that determines eligibility by need.

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"In a perfect world where cost wasn't an issue, you might be able to make different decisions—but the reality is that we're operating in the real world, where there are these real financial constraints," Dr. Kompala said. "And so part of that model is understanding the most medically complex patients for whom these really powerful medications could create the highest impact."

> There are a lot of people who view the decision to cover GLP-1s as a black-and-white issue—either you cover it, or you don't. But it doesn't have to be like that. We can help employers find the shade of gray that's right for them."
>
> **Dr. Teja Kompala, endocrinologist and Head of Cardiometabolic Health at Form Health**

And yet, a severity-aware prescription model is *not* one where employees have to jump through hoops to get a prescription, such as having to try and fail mandatory steps like nutrition counseling before they're deemed eligible. It's also not a step-down approach, where a person taking a GLP-1 tapers down after a year.

"It might sound reasonable to offer these drugs for a year and then step down from them, but that's not an evidence-based prescription model," Cressman said. "And evidence shows us the reverse will happen. So this idea of selecting arbitrary markers to control drug prescribing is a disservice to everyone, really. Making evidence-based decisions inspires much more confidence that costs can be controlled long-term and that clinical outcomes are meaningful."

A holistic approach where care is coordinated by licensed professionals who are making personalized treatment plans should be the standard. This model should incorporate nutrition, behavioral health, and physical activity support, in conjunction with individualized prescription decisions. With that approach, some employees may be matched with GLP-1s if the formulary allows. Other employees might be matched with lower-cost generic drugs, such as metformin or other options.

"People do overlook the fact that you can still drive outstanding results with low-cost drugs," Richardson said. "I like to remind people of the study that found the average patient on a certain GLP-1 brand in the real world lost just 4.4 percent of their body weight over 12 months. That's not the headline number everyone thinks about for these drugs. Some people can get the same or better results with more affordable prescriptions."

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Improving Clinical Outcomes

Reductions in medical claims are another ROI opportunity, including decreases in disease prevalence, emergency department visits, hospital admissions, and the need for home health services. Dr. Kompala emphasizes that improved clinical outcomes from a clinical-first solution like Form Health are directly associated with these cost reductions.

"Clinical outcomes are key," she said. "Of course we're going to be talking about weight loss, but there are many other outcome measures that are relevant to the other conditions interrelated with obesity, from lab values such as hemoglobin A1c and liver enzymes to the ability to stop taking certain medications."

Of course, reducing a lab number does not inherently save money. What does is preventing diabetes, hypertension, or liver failure. These clinical metrics can predicate a healthier workforce where employees spend less on medications, require less advanced care, and get back to work.

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With Form Health, these clinical outcomes stand to improve measurably. For example, according to data from Form Health's book of business, an internal analysis shows that users of the platform have seen the following impacts, as well as up to five times the ROI:

Type 2 diabetes

↓2.8

points reduction in mean hemoglobin A1c among those with the highest initial readings

Prediabetes

59%

had normal hemoglobin A1c at last measure

Liver enzymes

52%

of users experience normalization in elevated liver enzymes

High blood pressure

50%

stopped antihypertensive medication

Hyperlipidemia

57%

stopped lipid-lowering medication

3-5x ROI

By reducing prescription spend and medical claims, Form Health has delivered 3-5x ROI for select customers, based on measured outcomes.

Support Your Employees With a Clinical-First Solution

Facing increasing healthcare costs and inconsistent value from their current point solutions, employers are realizing that something has to change. Given its prevalence—and overlap with other cardiometabolic diseases—obesity should be a starting focus as HR buyers reevaluate where those dollars go next.

But wellness solutions that offer generalized advice and lifestyle coaches aren't clinical solutions. By investing instead in an evidence-based tool that rightly prioritizes obesity as a clinical driver for cardiometabolic disease (and addresses it with guidelines-informed care), employers can achieve greater value and a healthier workforce. See how Form Health is different at formhealth.co/employers.

FormHealth®

Form Health delivers expert obesity and cardiometabolic care by addressing obesity as the root cause of cardiometabolic conditions such as type 2 diabetes and prediabetes. We partner with employers to design tailored benefit solutions that meet their unique needs while providing measurable, and meaningful outcomes. Each Care Team is led by an American Board of Obesity Medicine certified physician and supported by Advanced Practice Providers, Registered Dietitians, and specialized staff, providing 1:1 evidence-based care to develop personalized plans. Through clinician-led care and appropriate severity-aware prescribing, we improve outcomes, reduce financial risk, and maximize return on care.

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