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Original article

Postoperative outcomes in bariatric surgical patients participating in an insurance-mandated preoperative weight management program

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Abstract

Background: Many insurance companies require patient participation in a medically supervised weight management program (WMP) before offering approval for bariatric surgery. Clinical data surrounding benefits of participation are limited.

Objective: To evaluate the relationship between preoperative insurance-mandated WMP participation and postoperative outcomes in bariatric surgery patients.

Setting: Regional referral center and teaching hospital.

Methods: A retrospective review of patients who underwent vertical sleeve gastrectomy or Roux-en-Y gastric bypass between January 2014 and January 2016 was performed. Patients (N = 354) were divided into 2 cohorts and analyzed according to presence (n = 266) or absence (n = 88) of an insurance-mandated WMP requirement. Primary endpoints included rate of follow-up and percent of excess weight loss (%EWL) at postoperative months 1, 3, 6, and 12. All patients, regardless of the insurance-mandated WMP requirement, followed a program-directed preoperative diet.

Results: The majority of patients with an insurance-mandated WMP requirement had private insurance (63.9%). Both patient groups experienced a similar proportion of readmissions and reoperations, rate of follow-up, and %EWL at 1, 3, 6, and 12 months ($P = NS$). Median operative duration and hospital length of stay were also similar between groups. Linear regression analysis revealed no significant improvement in %EWL at 12 months in the yes-WMP group.

Conclusion: These data show that patients who participate in an insurance-mandated WMP in addition to completing a program-directed preoperative diet experience no significant benefit to rate of readmission, reoperation, follow-up, or %EWL up to 12 months postoperation. Our findings suggest that undergoing bariatric surgery without completing an insurance-mandated WMP is safe and effective. (Surg Obes Relat Dis 2018;■:00–00.) © 2018 American Society for Metabolic and Bariatric Surgery. All rights reserved.

Keywords:

Insurance; Weight reduction program; Preoperative period; Bariatric surgery; Weight loss

Currently, obesity is one of the most serious health epidemics in the United States [1]. Patients affected by obesity are at increased risk for developing cardiometabolic

co-morbidities, incurring increased healthcare costs, and experiencing decreased health-related quality of life [2]. In recent decades, bariatric surgery has been extensively studied and shown to be a cost-effective, long-term treatment strategy for obesity and its related co-morbidities [3].

Although the literature is saturated with data supporting the positive health and economic benefits of bariatric

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surgery, timely coverage for bariatric surgical procedures, namely Roux-en-Y gastric bypass (RYGB) and vertical sleeve gastrectomy, can be challenging as many insurance companies require patients to complete a medically supervised preoperative weight management program (WMP) for ≥ 3 months before offering approval and coverage for surgery. The aims of this mandate are to further confirm patients' commitment to surgery and prepare them for nutrition, behavior, and lifestyle changes so as to increase the likelihood of successful postoperative outcomes [4].

It is hypothesized that significant preoperative commitment will be associated with lower rates of postoperative attrition, postoperative complications, and long-term health-care costs, supporting a financial return on investment. To date, however, these beliefs have not been supported by data in the literature. In fact, several studies have shown no significant improvement in postoperative weight loss [5–8] or in the rate of postoperative complications [5] or follow-up [8] among patients required to participate in an insurance-mandated WMP before bariatric surgery.

Previous studies have evaluated the value of insurance-mandated WMP participation on specific postoperative outcomes [5–8]. However, to our knowledge, no studies have explored the relationship between insurance-mandated WMP participation and operative duration; hospital length of stay (LOS); or rate of readmission, reoperation, follow-up, and percent excess weight loss (%EWL) at postoperative months 1, 3, 6, and 12. The purpose of this study was to explore associations between insurance-mandated WMP participation and select preoperative, intraoperative, and postoperative outcomes over the course of 12 months.

Methods

Patients and study design

Following approval from the institutional review board, all patients who underwent RYGB or vertical sleeve gastrectomy at our institution between January 2014 and January 2016 were identified using the prospectively maintained Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program database (N = 590). This time period was chosen to capture a cohort of patients who completed the same preoperative and postoperative protocol, received care by the same clinician team, and had at least 1 year of postoperative data available for review.

Patient inclusion and exclusion criteria are outlined in Fig. 1. All patients who received preoperative care at our center, completed our program-directed 4-week preoperative diet per protocol, and ultimately underwent weight loss surgery were included. Patients who did not undergo their preoperative care at our center, did not complete the program-directed preoperative diet per protocol (i.e., modification due to renal disease or patient surgical risk, preoperative diet completion more than once before

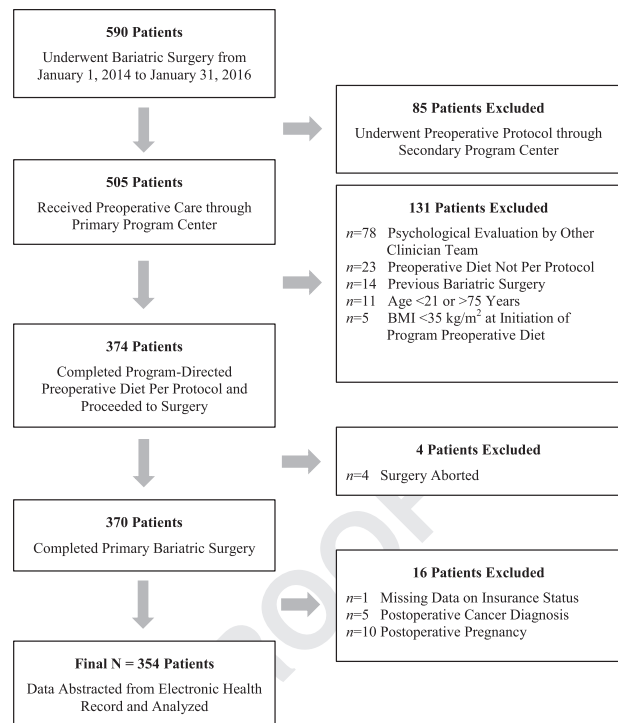


Fig. 1. Flow diagram of patient data abstraction process.

surgery, documented patient nonadherence with the diet, had previous bariatric surgery, were of ages < 21 or > 75 years, or had a body mass index (BMI) < 35 kg/m² were excluded (n = 216). Additionally, patients were excluded if their insurance information was unavailable, their surgery was aborted, they received a postoperative diagnosis of cancer, or they became pregnant in the postoperative period (n = 20).

All patients who met the inclusion criteria were divided into 2 cohorts based on the presence or absence of an insurance-mandated, medically supervised WMP requirement, which was documented in the patient's electronic healthcare record. Patients required to complete a medically supervised WMP for 3 to 6 months before payment for surgery were classified in the WMP requirement cohort (yes-WMP); patients not required to complete a medically supervised WMP before payment for surgery were classified in the no WMP requirement cohort (no-WMP).

For purposes of this study, an insurance-mandated, medically supervised WMP is defined as the requirement that a patient must be seen by a qualified and licensed healthcare professional for consecutive monthly visits focused on nutrition counseling, increased physical activity, and behavior and lifestyle modifications. These details, as well as weight and vitals, must be documented in the patient's healthcare record at each visit. This definition is consistent with the definition established by all insurance carriers that cover weight loss surgery through our program.

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