

The Patient's Pathway to Bariatric Surgery:

Identifying Candidates, Referring Appropriately, and the Typical Road to Surgery

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Disclosures

- I have no relevant relationships with ineligible companies to disclose within the past 24 months.
(Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)



Educational Objectives

At the conclusion of this session, participants should be able to:

- Identify the characteristics that will qualify a patient with obesity for bariatric surgery
- Recognize the features of a quality, comprehensive bariatric surgery program and how to refer patients to them
- Describe the typical components of a thorough and appropriate pre-bariatric surgery patient evaluation process
- Identify the most common bariatric surgery-related insurance coverage issues and the complexities of bariatric surgery-related medical tourism

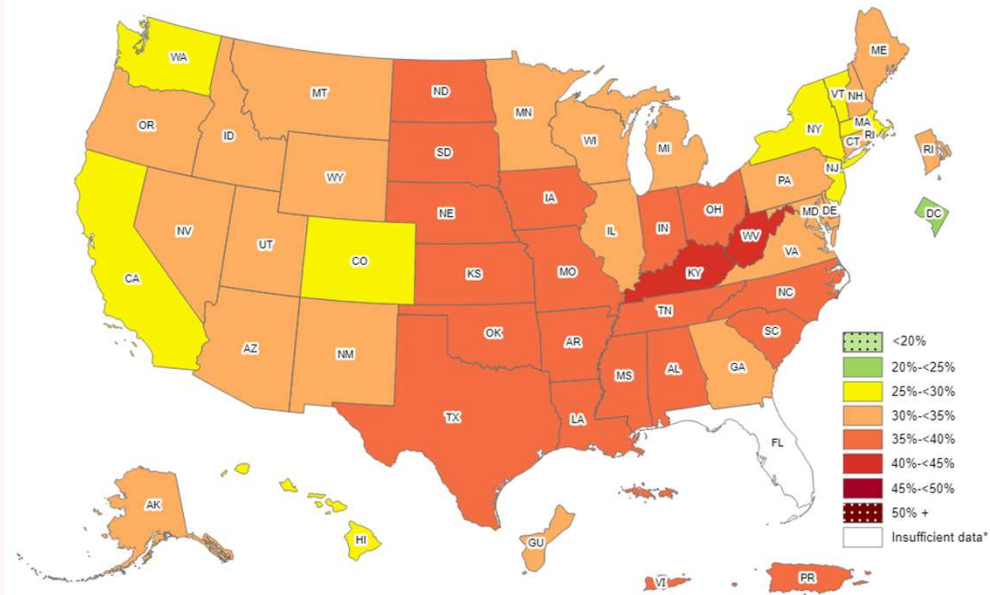
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Background

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Obesity in the U.S.

- Most recent CDC estimates of obesity prevalence in the U.S. (2021) show that **19 states** and **2 territories** have an **adult obesity prevalence above 35%**
- **States with high obesity prevalence have more than doubled since 2018**
 - 9 states in 2018
 - 12 states in 2019
 - 16 states in 2020
- Highest ever recorded....



PREVALENCE OF SELF-REPORTED OBESITY AMONG U.S. ADULTS BY STATE AND TERRITORY, BRFS, 2021

One Solution: Bariatric Surgery

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Bariatric Surgery Procedure Types and Function

- Bariatric surgery procedures function based on **two principles: restriction and malabsorption.**
- Some procedures are only restrictive while others have elements of both restriction and malabsorption.
- The two **most common procedures** in the U.S. currently are the **sleeve gastrectomy** and the **Roux-en-Y gastric bypass.**
- The sleeve is restrictive
- The Roux-en-Y gastric bypass is both restrictive and malabsorptive
- Others include biliopancreatic diversion/duodenal switch, single anastomosis duodenal switch (SADI) adjustable gastric banding, revisional



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Bariatric Surgery Effectiveness and Benefits

We can expect about 77% excess weight loss one-year post-op

Patients maintain an average of 50% of their excess weight loss at 5 years post-op

Majority of patients see improvements or resolution of their obesity-associated co-morbid conditions (type 2 diabetes, hypertension, dyslipidemia, obstructive sleep apnea, etc.)

Patients who undergo bariatric surgery can expect a 30-50% decrease in the risk of premature death

Bariatric Surgery Safety Profile

- Bariatric surgery procedures are safe or safer than the most commonly performed surgeries in the U.S.
 - Cholecystectomy (0.3-0.6% mortality rate)
 - Knee replacements (0.3% mortality rate)
- Mean mortality rate for all bariatric surgery procedures is 0.1-0.3%
 - Mean mortality decreases to 0.04-0.1% at higher volume bariatric surgery centers
- Risk of major complications 4% overall
- The risks of not treating obesity and its associated co-morbid conditions generally surpasses the risks associated with bariatric surgery

Who Qualifies for Bariatric Surgery?

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BMI Requirements: A Tale of Reality vs. Recommendations

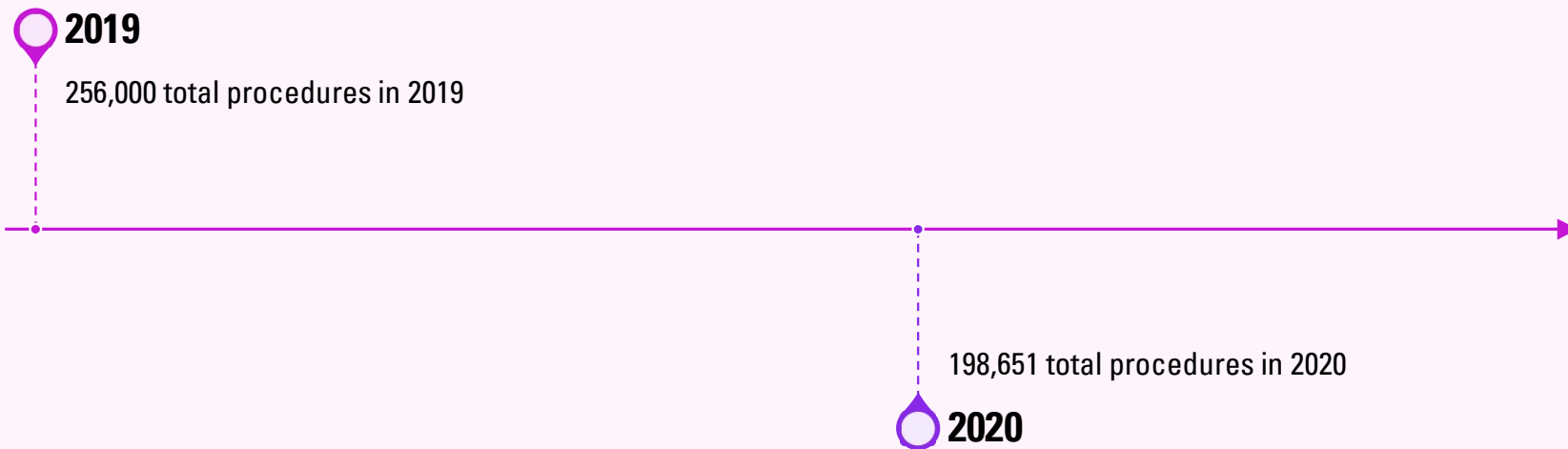
Most insurances that cover bariatric surgery/programs follow this guideline:

- BMI 35-39.9 with co-morbid conditions that would likely improve with weight loss
- BMI greater than or equal to 40 with or without co-morbid conditions
 - Both have been unable to achieve substantial or durable weight loss through non-surgical means

The recommendations of the ASMBS are:

- BMI $>/35$ regardless of co-morbid condition status
- BMI $>/30$ for any patient with Type 2 Diabetes Mellitus
- BMI 30-34.9 who have not been able to achieve substantial or durable weight loss through non-surgical means

Bariatric Surgery by the Numbers



This represents **less than 1% of the population currently eligible for bariatric surgery based on BMI status

Where Should Patients Go?

- The NIH, American College of Surgeons, and American Society for Metabolic and Bariatric Surgery recommend that patients have their surgeries with board-certified surgeons and in a center that has a multidisciplinary team of experts for pre- and post-operative care.
- The ACS and ASMBS also has a Metabolic and Bariatric Surgery accreditation program
- Some insurances actually require that bariatric surgery programs have the accreditation designation in order to provide coverage
- More on the effects of access to care later...

What Does a Quality, Comprehensive Bariatric Surgery Program Look Like?

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Bariatric Care Team

- Multifaceted, interdisciplinary core team dedicated to the bariatric practice
 - Medical team (MD/DO Surgeons, PAs, NPs)
 - Credentialing criteria
 - Bariatric RNs
 - Nutrition team: RDs
 - Mental Health Team: Psychologists with bariatric surgery evaluation training and experiences
 - Other health professionals as needed: Pharmacists, PTs, OTs, Social Work
 - Support Staff (insurance, scheduling, etc.)
- Specialized staff training provided for those caring for bariatric patients (Ex: obesity sensitivity, patient transfer, recognizing post-op complications)

Well-Defined Patient Selection Criteria

- The center should clearly define parameters for the types of patients they are able to handle within the limitations of the facility and the program
- Example:
 - Greater than age 18 (adults only)
 - BMI <55 for males, <60 for females at the time of surgery
 - Nicotine free for a minimum of 6 weeks prior to surgery
 - Recommendation from all evaluators (mental health, nutrition, medical team)
 - Not on an organ transplant list



Facilities and Furniture

- Areas of the facility where bariatric surgery patients receive care should have weight-appropriate accommodations and furniture
 - Chairs
 - Beds
 - Doorways
 - Showers
 - Toilets (floor mounted or wall-supported)



Equipment

- Areas of the facility where bariatric surgery patients receive care should also have weight-appropriate equipment
 - Wheelchairs/walkers/lifts
 - Gowns
 - Exam tables
 - OR tables
 - Radiology/fluoroscopy equipment
 - Surgical instruments (staplers, retractors, longer instruments)
 - Scales
 - BP cuffs
 - SCDs
 - ICU equipment/crash carts

Access to Full Spectrum Medical Care

Specialty services should be available

Ability to stabilize a critically ill bariatric patient

- ACLS
- Difficult airway cart
- Vents/hemodynamic monitoring
- CCU/ICU availability

Anesthesia services

Endoscopy services

Diagnostic and interventional radiology services

Pulmonology/critical care, cardiology, nephrology

Pre-Surgery Patient Education and Preparation

Indications/contraindications for surgery

Review of all procedure options available

- Full informed consent process: Risks, benefits, alternatives

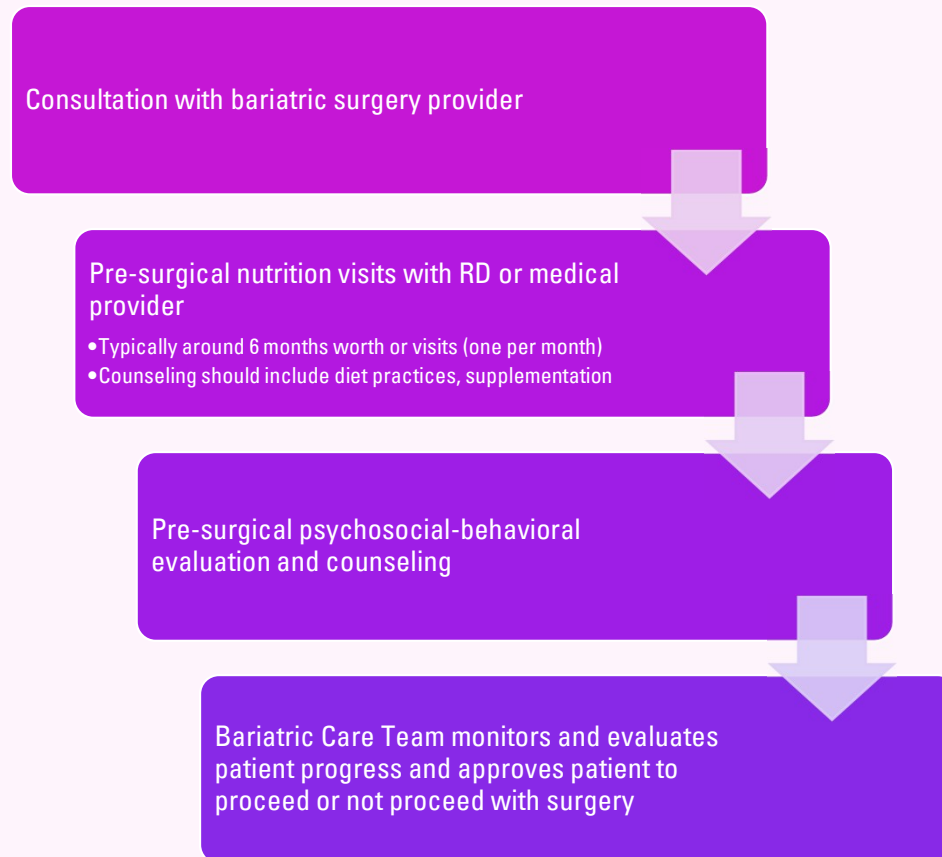
Lifestyle changes required

- Diet/how to eat post-op
- Exercise
- Vitamin/Mineral Supplementation

Review of post-op care

- Discharge instructions
- Follow up appointment plan (medical team, nutrition, mental health, etc.)
- Recognizing signs and symptoms of complications

The Pre-Op Patient Pathway



Standardized Order Sets

- Dietary progression
- DVT prophylaxis
- Respiratory care
- Pain management
- Physical activity
- Notification parameters

Appointment Timeline	Lab Draw	Paired Nutrition Visit
2 weeks post-op	No	Yes
5-6 weeks post-op	No	Yes
3 months post-op	Yes	Yes
6 months post-op	Yes	Yes
9 months post-op	No	No
12 months post-op	Yes	Yes
18 months post-op	Yes	No
24 months post-op	Yes	No
Annually	Yes	Yes

The Post-Op Patient Pathway

- There should be a standardized, well-defined plan for ongoing follow up
- Support group offering

Support Group Offering

- A regular support group offering run by a licensed healthcare professional is another critical piece to good post-operative long term bariatric care
 - Early post-operative needs
 - Late post-operative needs
 - Community patient support and experiences

Obesity Medicine Services

Obesity medicine services may also be available and can be used in conjunction with surgical interventions

Obesity medicine services, if available, should include:

- Comprehensive medical examination
- Evaluation for medical complications related to obesity
- Assessment of personal and family history of obesity
- Laboratory testing
- Nutrition counseling
- Fitness and exercise counseling
- Behavior and lifestyle counseling
- Anti-obesity medication
- Evaluation and treatment for abnormal weight gain

Finding a Quality Bariatric Surgery Program to Refer To

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Metabolic and Bariatric Surgery Quality Improvement Program (MBSAQIP)

- Look for an accredited program!
- In 2012, The American Society for Metabolic and Bariatric Surgery and The American College of Surgeons combined their bariatric surgery center of excellence programs to create one national accreditation standard for bariatric surgery
- The **Metabolic and Bariatric Surgery Quality Improvement Program (MBSAQIP)**
 - Set of 8 standards addressing:
 - Institutional/Administrative Commitment
 - Program Scope and Governance
 - Facilities and Equipment Resources
 - Personnel and Services Resources
 - Patient Care Expectations and Protocols
 - Data Surveillance Systems
 - Quality Improvement
 - Education (patient and professional)

MBSAQIP Center Types

- **Comprehensive Center**
- **Comprehensive Center with Obesity Medicine Qualifications**
- Comprehensive Center with Adolescent Qualifications
- Comprehensive Center with Adolescent and Obesity Medicine Qualifications
- **Low Acuity Center**
- **Ambulatory Surgery Center**

Comprehensive Center

- Adult patients (>18 years old)
- Volume: Greater than or equal to 50 stapled cases per year
- Meets all standards
- Procedures are ASMBS-endorsed procedures
- Completes data entry into the MBSAQIP Registry (national database that tracks all aspects of care)
- Passes site visits

Comprehensive Center with Obesity Medicine Qualifications

- All comprehensive center criteria, with the addition of obesity medicine program

Low-Acuity Center

- Performs greater than or equal to 25 stapled cases per year
- Adult patients >18 and <65 years old only
- Has restricted selection criteria
- Primary bariatric surgeries only (no revisional procedures)

Ambulatory Surgery Center

- Same as low acuity center with the addition that patients must also be ambulatory



How Might I Find Quality Bariatric Surgery Programs to Refer to?

- To search for an MBSAQIP accredited center near you, visit:
- <https://www.facs.org/hospital-and-facilities/>
- You can search by facility and/or location

Access to Care

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Common Bariatric Surgery Insurance Issues

- Approximately 25% of patients preparing for bariatric surgery are denied insurance coverage three times before getting approval
 - 60% report their health worsened during this waiting period
- Policy may not include coverage at all
- Patient may fall outside of BMI requirements listed on policy (even by a small fraction) and be denied
- Policy may require travel to facility away from home for care, even if a quality center is local, to decrease costs to company
- Policy may have onerous pre-operative requirements
- Policy may require procedure to be completed at a facility that also has a specific insurance-related designation
- These are just a few of the issues...

- These significant, continued issues with bariatric surgery coverage often lead to patients seeking care elsewhere.

Medical Tourism

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Medical Tourism

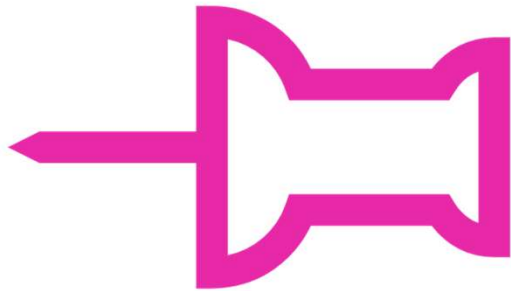
- Traveling outside of the patient's home location or country to have medical procedures completed that are either not available/accessible or may be lower cost than the person's home area.
- Medical tourism packages for bariatric surgery are widespread (within the U.S. and internationally)
- While this may make sense for some smaller procedures, bariatric surgery is more complex and involves a significant amount of pre-operative preparation and evaluation and long-term post-operative care.
- Medical tourism in the setting of bariatric surgery often eliminates routine follow up and presents major continuity of care issues.
- Long term cost issues as well (insurance coverage for follow up care upon return, individual cost to patients if complications arise)

Medical Tourism and Bariatric Surgery

- No consistent standard of care
- Pre-op teaching may be minimal to non-existent
- No strict guidelines on patient selection criteria
- After care is also minimal to non-existent
- If complications arise, there may be significant out of pocket costs to patient

What do I do if my patient has traveled for bariatric surgery?

- Try to connect patient with local bariatric surgery program
 - Preferably MBSAQIP accredited center
- If unable to connect with local bariatric surgery program, use ASMBS resources to help guide post-op care
 - [Essentials of Bariatric and Metabolic Surgery App \(Free!\)](#)
 - Modules on pre-op assessment, intra-op considerations, post-op management, complications



Take Home Points

- Bariatric surgery is a safe, effective treatment for obesity, but the procedures should be performed at centers with specific resources, training, and capability to handle the patient population and all potential outcomes.
- Finding an MBSAQIP-accredited bariatric surgery program near you is one of the best ways to ensure the standards of care are met.
- If your patient is experiencing insurance coverage issues, there isn't an easy answer.
- Medical tourism does exist, and it is critical that the patients who are medical tourists get plugged into a bariatric surgery program close to home for comprehensive education, follow up care, and support if at all possible.

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Questions??

5/8/2023



Thank You!!

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