

NBCH action brief

DECEMBER 2011

Weigh the Benefits of Bariatric Surgery

For appropriate candidates, bariatric surgery (e.g., gastric bypass and gastric banding) has proven to be one of the most effective and long lasting treatments for morbid obesity and the resolution of comorbidities, including type 2 diabetes, hypertension, and sleep apnea.¹ An estimated 220,000 people in the United States had the surgery in 2008 alone,² and more employers are considering the value of bariatric surgery for their eligible employees. This Action Brief highlights the advantages, costs, and outcomes of bariatric surgery as well as how health plans are responding by using data from eValue8™ —a resource used by purchasers to track health plan performance. The brief concludes with actions employers can take to ensure that bariatric surgery is an appropriate option for qualified employees.

WHAT'S THE ISSUE?

BARIATRIC SURGERY PATIENTS TYPICALLY LOSE MORE THAN 50% OF THEIR EXCESS WEIGHT AFTER SURGERY³

Costs Of Bariatric Surgery

- ▶ The average rate of post-surgical and other complications in patients who undergo obesity surgery declined 21% between 2002 and 2006.⁴
- ▶ Laparoscopy reduced the odds of having surgical complications by 30% and drove down hospital payments by 12%, while banding reduced hospital payments by 20%.⁵
- ▶ Reductions in costs associated with prescription drugs, physician visits and hospital services also help offset the \$17,000 average cost of laparoscopic bariatric surgery with insurers recovering costs in about two years.⁶

Bariatric Surgery Outcomes

- ▶ Approximately 95% of bariatric patients are able to maintain long-term weight loss.⁷
- ▶ For those having undergone bariatric surgery, 95% of patients experienced quality of life improvements,⁸ and 89% saw a reduction in the relative risk of mortality over a five year period.⁹
- ▶ In a clinical study, gastric bypass surgery reduced the total number of comorbidities of participating patients by 96% with type 2 diabetes resolved in nearly 84% of patients; high blood pressure resolved in nearly 68% of patients; depression improved in 47% of patients; and osteoarthritis and joint pain resolved in 41% of patients.¹⁰

Coalition Case Study: A Patient Discovers the Options and Lands Success



MEASURING UP

WHILE NEARLY 82% OF PLANS PARTICIPATING IN EVALUE8 OFFER INCENTIVES TO ENCOURAGE THE USE OF CENTERS OF EXCELLENCE (COE) FOR BARIATRIC SURGERY, ONLY 39% OF PLANS MANDATE THEIR USE¹¹

- ▶ 5% of responding plans provide very significant support to physician practices for weight-loss services (e.g. care managers that can interact with practices, coordination of care planning, incentives for referring patients, and/or office structure).
- ▶ More than 75% of the plans track outcomes such as changes in BMI and the percent of members losing a specific amount of weight, but fewer report tracking weight loss maintenance (52%) and reduction in comorbidities (56%).
- ▶ About 90% of responding plans:
 - Provide education regarding the benefits and risks of bariatric surgery and the alternatives
 - Provide facility/surgeon selection support
 - Mandate pre-surgery counseling as a precursor to coverage
 - Follow CDC guidelines on eligibility
 - Have implemented a non-payment policy for post-surgery infection requiring that the facility correct the error

Caryol Hendricks would be the first to tell you how a little bit of research can turn into a personal mission. As executive director of Employers Health Coalition based in Fort Smith, Ark., an organization representing 23 self-insured groups, Hendricks was investigating whether to recommend coverage of bariatric surgery for her employer members. As many as 12% of the represented employee

COALITION CASE STUDY CONTINUED ON THE BACK ▶▶▶

TAKE ACTION

ACTION ITEM #1: Foster a healthy work environment

Empower your employees by providing access to health and wellness resources, and lead by example—help create a workplace that encourages healthy options, physical activity, and weight loss support.

ACTION Item #2: Keep eligible employees informed about bariatric surgery

Ensure that information pertaining to options, risks and benefits, economic factors, patient characteristics and psychosocial outcomes is well communicated and readily available.¹² Take advantage of programs such as the *Heart on my Sleeve Campaign* which follows a real-life patient who confronts obesity and bariatric surgery.¹³

ACTION ITEM # 3: Get familiar with national guidelines on bariatric surgery to ensure appropriate coverage for the procedure

Basic criteria for the surgery include:¹⁴

- ▶ Efforts to lose weight with diet and exercise have been unsuccessful
- ▶ Body mass index (BMI) is 40 or higher (extreme obesity)
- ▶ BMI is 35 to 39.9 and person has a serious weight-related health problem, such as type 2 diabetes, hypertension, or severe sleep apnea

ACTION ITEM #4: Encourage employees to seek necessary counseling and evaluation prior to bariatric surgery and mandate centers of excellence

Presurgical counseling should include a comprehensive evaluation of a person's physical and mental health, as well as his or her dietary and activity habits, overall lifestyle, and post-surgical wellness goals.¹⁵ Further, the procedure should take place in a medical center designated by the American Society for Metabolic and Bariatric Surgery or Level 1 certification from American College of Surgeons.¹⁶

ACTION ITEM #5: Lend support to employees who have received bariatric surgery

Provide access to resources such as *REALIZE mySUCCESS*[®], a web-based clinical support tool offering strategies for bariatric surgery patients.¹⁷ Patients who regularly use *REALIZE my SUCCESS* lost an additional 10.4% excess weight at six months after surgery.¹⁸

ACTION ITEM #6: Join your local business health care coalition

The *coalition movement* is a proven vehicle for meaningful change at the local level. Coalitions leverage the voice and power of their employer purchaser members by serving as community leaders working to advance change.

▶▶▶ COALITION CASE STUDY CONTINUED FROM THE FRONT

population had type 2 diabetes, so understanding the surgery's safety, effectiveness, and impact was critical.

But as "a woman of size," says the then 268-pound, 5'2" executive, "I wondered if I too might be a suitable candidate. While I considered myself healthy with normal cholesterol and no hypertension or diabetes, I did have problems with my knees, ankles and back to warrant surgery."

After a year of talking to doctors and patients, learning about successes, complications, and what to expect, she had not yet blown her cover as a potential candidate. Once she made her decision, it took another six months to meet her surgeon; undergo site, cardiac, psychiatric, and physical clearances; and attend an educational yet frank seminar. By November 2009, she was ready.

She has shed 100 pounds since her surgery, has twice as much energy, and her fibromyalgia has lessened. A focus on food is no longer a way of life.

Hendricks admits she was not as prepared mentally as she should have been. "I didn't realize a number of friends and co-workers would see me so differently. There were a lot of emotional and psychological issues I wasn't prepared for," she says. She applauds a support group for keeping her on track.

And finally, her recommendation to members: Cover bariatric surgery if it's based on a health issue, not a cosmetic one.

ENDNOTES

- 1 Weiner RA. "Indications and Principles of Metabolic Surgery. U.S. National Library of Medicine. 2010; 81(4): w379-394
- 2 Weight Control Information Network (WIN). "Longitudinal Assessment of Bariatric Surgery. <http://win.niddk.nih.gov/publications/labs.htm> Accessed Oct. 12, 2011
- 3 Brethauer SA, Chand B, Schauer PR. "Risks and Benefits of Bariatric Surgery: Current Evidence." *Cleveland Clinic Journal of Medicine*. November 2006. 73(11); w993-1007
- 4 Encinosa D, Bernard DM, et al. "Recent Improvements in Bariatric Surgery Outcomes." *Medical Care*. May 2009. 47(5): w531-535
- 5 Ibid.
- 6 Cremieux PT, Buchwald H, et al. "A Study on the Economic Impact of Bariatric Surgery." *Am J Manag Care*. September 2008. 14(9): w589-596
- 7 <http://www.bariatric.us/bariatric-surgery-results.html>
- 8 Schauer PR, Ikramuddin S, Gourash W, et al. Outcomes after laparoscopic Roux-en-Y gastric bypass for morbid obesity. *Ann Surg* 2000; 232(4):515-29.
- 9 Christou NV, Sampalis JS, Liberman M, et al. Surgery decreases long-term mortality, morbidity, and health care use in morbidly obese patients. *Ann Surg* 2004; 240(3): 416-23; discussion 423-4.
- 10 <http://www.realize.com/gastric-bypass-surgery-benefits.htm>
- 11 eValue8 Data Results 2011. National Business Coalition on Health. Washington, DC.
- 12 Weight Control Information Network (WIN). "Longitudinal Assessment of Bariatric Surgery. <http://win.niddk.nih.gov/publications/labs.htm> Accessed Oct. 10, 2011.
- 13 <http://www.ethiconendosurgery.com/Clinician/Specialty/bariatric/heart-on-my-sleeve>
- 14 Mayo Clinic. Weight Loss: Guidelines to Qualify for Gastric Bypass Surgery. Accessed Oct. 10, 2011
- 15 http://www.uhahealth.com/forms/guidelines_bariatric.pdf
- 16 Nguyen NT, Hohmann S, Slone J, Varela E, Smith BR, Hoyt D. Improved Bariatric Surgery Outcomes for Medicare Beneficiaries After Implementation of the Medicare National Coverage Determination. *Arch Surg*. 2010;145(1): w72-78
- 17 <http://www.realize.com>
- 18 Ethicon Endo-Surgery. Wilson ER, Snyder B, et al. "A 6-Month Observational study of the REALIZE mySuccess Program's Impact on Weight loss and Compliance in REALIZE Adjustable Gastric Band Patients." 2009