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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;14:623–630.) © 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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