

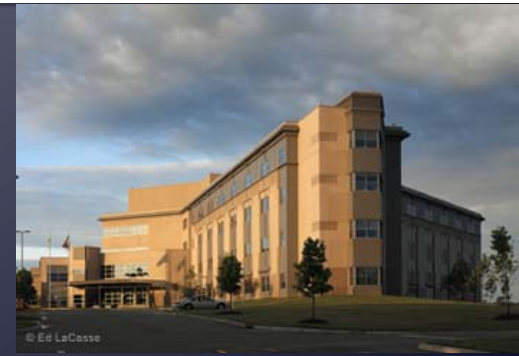
VARIATION IN WEIGHT AND OBESITY CO-MORBIDITIES AFTER OPEN ROUX-EN-Y GASTRIC BYPASS (ORYGB) BY HEALTH INSURANCE: MEDICAID VS MEDICARE VS PRIVATE VS SELF-PAY IN 4,225 BOLD DATABASE PATIENTS

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Background, Objective, Methods

- Previous studies demonstrated variations in outcomes among different insurances following bariatric surgery.
- To identify variations by health insurance (Private, Self-Pay, Medicare & Medicaid) in weight loss and co-morbidity resolution in patients who have undergone ORYGB.
- Data from 4,225 surgery patients from Surgical Review Corporation's BOLD data were analyzed retrospectively at pre-op, 2, 6, 12, 18 and 24 months
- 29 co-morbidities were analyzed utilizing ANOVA, pair-wise comparisons on the least square means of the ANOVA models
- Chi-squared was used for pair-wise comparisons for each arm versus each other arm, at each follow up interval.

Results & Discussion

- 29 Co-Morbidities grouped in 6 Categories:
 - Cardiopulmonary
 - Abdominal
 - Endocrine
 - Somatic
 - Behavioral
 - Weight/Weight Loss/BMI

Co-Morbidiites	Self-Pay	Private	Medicare	Medicaid
Lowest	24	3	1	0
Highest	2	0	11	16

- Weight & BMI lowest among Private patients through 6 months, but did not vary significantly thereafter
- HTN lowest in Self-Pay up to 18 months, with Medicaid persisting at the highest rates
- Early (6 mos.) OSA resolution resolved best for Self-Pay, then Private, but long term variance fades
- Abdominal hernia resulted most frequently in Medicaid through 24 months at rates nearly double the other three groups
- Panniculitis found in Self-Pay nearly double the other groups by 24 months (44.4% vs. Medicaid 19.5%, Medicare 18% & Private 10.3% $p < 0.01$).

Discussion & Conclusions

- Private and Self-Pay patients benefitted more from ORYGB than did Medicaid or Medicare.
- Post-operatively, Private patients had the lowest rates of five weight-related co-morbidities and highest in none.
- Self-Pay were highest in three co-morbidities, but resolved 17 others to the lowest levels, comparatively.
- In contrast, Medicaid and Medicare were highest in 8 and 9 co-morbidities, respectively, and lowest in none.
- Our review of the literature reveals that these variations in outcomes following ORYGB have not been reported previously and are the significant findings of this study.
- This advance knowledge can provide surgeons with heightened index of suspicion for results and post-ORYGB problems that may facilitate optimal management of these fragile patients.

Summary

- Obesity co-morbidities vary by health insurance status after ORYGB.
- Self-Pay insurance had best results.
- Private and Medicare were intermediate.
- Medicaid fared less well.
- Outcomes after ORYGB vary by health insurance. These findings may facilitate more individualized management of ORYGB patients.