

IN THE MEGA-OBESE, WEIGHT LOSS AND RESOLUTION OF OBESITY CO-MORBIDITIES AFTER BILIO-PANCREATIC BYPASS/DUODENAL SWITCH (DS) VARY ACCORDING TO HEALTH INSURANCE CARRIER: MEDICAID VS MEDICARE VS PRIVATE INSURANCE VS SELF-PAY IN 1673 BOLD DATABASE PATIENTS

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OBJECTIVE: To identify outcomes variations by health insurance status following DS

METHODS: Data from 1,673 Surgical Review Corporation BOLD database patients who underwent DS was analyzed retrospectively in four groups: Medicaid (n=138), Medicare (n=313), Private insurance (n=1,171), and Self-Pay (n=59). Statistics: General Linear Models included baseline and post-operative data, modified for binomial distribution of dichotomous variables.

RESULTS: Pre-operative BMI was 56+-10, 54+-12, 51+-9, and 50+-9 for Medicaid, Medicare, Private, and Self-Pay, respectively. At 18 months: Hypertension, sleep apnea, asthma, abdominal hernia, panniculitis, urinary incontinence, and diabetes were lowest ($p<0.05$) in the Private insurance group. With Self-Pay, weight loss, cholelithiasis, GERD, back/musculoskeletal pain, extremity edema were lowest; asthma, panniculitis, stress incontinence, and liver disease, which increased, were highest ($p<0.05$). Medicare had the highest weight loss, abdominal hernia, and musculoskeletal pain; liver disease and asthma were lowest. In Medicaid, hypertension, sleep apnea, cholelithiasis, GERD, diabetes, back pain, extremity edema were highest ($p<0.05$), musculoskeletal pain and urinary incontinence second ($p<0.05$). Through 12 months, Self-Pay had highest polycystic ovarian disease and alcohol use. Medicaid had highest impaired functional status ($p<0.05$).

CONCLUSIONS: Outcomes after DS among mega-obese patients vary widely by health insurance status. Private achieved the greatest overall health improvement. Self-Pay benefits were countered by failed resolution of other co-morbidities. In Self-Pay, highest alcohol use plus liver disease invite speculation. Medicare achieved highest weight loss and lowest liver disease and asthma, however fared poorly with musculoskeletal pain and abdominal hernia development. Medicaid resolved co-morbidities the least. These findings may help direct the choice of DS for the mega-obese.