PATIENT VERSUS PHYSICIAN VARIATION IN PERCEIVED CLINICAL USEFULNESS AND COSTS OF A BARIATRIC SURGERY PROGNOSTIC ENGINE

Gus J Slotman, M.D.

Department of Surgery

Inspira Health Network

Vineland, NJ

Background: In deciding whether or not to have bariatric surgery, and which operation is best, morbidly obese patients consult many sources, including print and TV/radio media, libraries, internet, family and friends, primary providers, and bariatric surgeons. Available information describes average weight loss and resolution of obesity co-morbidities, but does not prognosticate outcomes for individual patients. A recent program uses pre-operative data from individual patients to predict weight/weight loss and co-morbidity status two years in advance for five weight-loss operations. This study evaluated variations between providers and patients regarding their perception of the clinical value and usefulness of bariatric surgery prognostication.

Methods: In an anonymous voluntary survey, physicians and other providers, patients, friends and family read a description of a bariatric surgery results prognostic program and of what it predicted. Volunteers then completed a survey regarding their opinion of the program. Information collected included clinical role (physician, nurse, post-operative bariatric patient, patient considering weight-loss surgery, friends/family, and other), whether or not the program would be used, and who should use it. Subjects answered also what the program would be worth out-of-pocket if health insurance did not cover the cost. Additional comments were collected as well. Chi-squared equation analyzed dichotomous data.

Results: 76 individuals completed the survey (27 obese patients considering surgery, 21 post-operative bariatric patients, 3 non-obese patients, 17 physicians {9 bariatric], 2 nurses, 2 bariatric office staff, and 4 family/friends). All respondents agreed that the advance knowledge of outcomes would help obese patients. 13/17 (76%) physicians would use program in their practices to counsel morbidly obese patients. One doctor included family and friends of obese patients. Two primary providers stated philosophical opposition to bariatric surgery but considered the advance knowledge that would be provided of sufficient value that they would use the program for counseling regardless. 100% of the bariatric patients thought overweight

patients would use the program. 60% included family/friends, 46% doctors, 9% nurses, 5% dieticians, and 6% bariatric coordinators/office staff, support groups, psychologists, case managers, clinics and insurance companies. Opinions on the worth of the program out-of pocket differed between bariatric patients/doctors: unable to estimate - 0%/40%; free - 31%/6%; up to $25 - 21%/20%; $50 and higher - 36%/0%; $p < 0.001$. 12.5% of bariatric patients considered >$100 up to $5,000 worthwhile for the advance knowledge. Relative value/cost of the program did not vary significantly between patients considering bariatric surgery and post-operative patients.

Conclusions: Predicting in advance weight and resolution/presence of hypertension, diabetes, sleep apnea, GERD, liver disease, and cholelithiasis following open and laparoscopic gastric bypass, adjustable gastric banding, sleeve gastrectomy, and biliopancreatic bypass/duodenal switch was embraced by physicians, patients, nurses, and allied health personnel. Doctors would use the program for patient counseling/planning/management. Patients thought more overweight patients, family/friends, doctors, nurses, allied health and office personnel, support groups, and even insurance companies all would access it. Doctors (40%) could not estimate appropriate costs for themselves or patients. More patients than doctors wanted the program free. Conversely, more patients chose $50-$5,000 as program worth.