

## CLINICAL VARIATION BY HEALTH INSURANCE CARRIER IN 12,285 OBESE MEN PRE-OP TO ADJUSTABLE GASTRIC BAND

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Introduction: Treating the medically fragile morbidly obese patient challenges primary care physicians and surgeons alike. Every clinical insight helps. Clinical variation of obese men by insurance carrier is unknown.

Objective: To identify clinical variation by insurance type in obese men.

Methods: Data on 12,285 men from the Surgical Review Corporation's BOLD database pre-op for adjustable gastric band was analyzed in four insurance groups: Private (n=10,102), Medicare (n=1,220), SelfPay (n=770), and Medicaid (n=193). Statistics: ANOVA and Chi-squared.

Results:

All but tobacco use ( $p=0.0507$ ) varied ( $p<0.05-0.0001$ )

Medicaid were highest percentage African American, Hispanic; Self-Pay and Medicare lowest, respectively. Self-Pay highest percentage Caucasian; Medicaid lowest.

Medicaid: Lowest age (45+-12) and alcohol use. Highest weight (154+-28kg) and BMI (50+-9). Highest depression, mental health diagnosis (MHD), tobacco/substance abuse, GERD, liver disease, back pain, cholelithiasis, abdominal panniculitis (AP), asthma, CHF, DVT/PE, angina, pseudo tumor cerebri (PTC), and unemployment.

Medicare: Oldest (60+-11). Highest ischemic heart disease, hypertension, diabetes, gout, sleep apnea, obesity hypoventilation, pulmonary hypertension (PHT), peripheral vascular disease, dyslipidemia, musculoskeletal pain, leg edema, fibromyalgia, psychological impairment, hernia, stress urinary incontinence (SUI), and unemployment. Lowest PTC and substance abuse.

Private: Highest alcohol abuse. Lowest AP, MHD, and SUI.

Self pay: Lowest in all but AP, alcohol, PTC, PHT, SUI and substance abuse. Second highest tobacco/alcohol/substance use.

Conclusions:

Clinical characteristics of morbidly obese men vary by health insurance. Medicare and Medicaid have the highest co-morbidities. PCPs and surgeons should have a higher index of suspicion in evaluating obese Medicare and Medicaid men. This advance knowledge may improve medical care and screening obese men for operative risks.