The Case Against Insurance Mandated Preoperative Weight-loss

John D. Scott MD FACS FASMBS
Division Chief
Minimally Access and Bariatric Surgery
Greenville Health System
Greenville, SC
Disclosures

- Gore and Associates: Speaker’s Board/Honorarium (mild)
- ASMBS: Chairman of the Access to Care Committee (mild)
- American Society for Metabolic and Bariatric Surgery Disclosures:
  - Ethicon - Educational Grant – Major
  - Medtronic – Educational Grant – Major
  - Apollo Endosurgery – Educational Grant – Major
  - W.L. Gore -Educational Grant – Major
  - Olympus – Educational Grant – Major
  - NovoNordisk – Educational Grant – Major
  - Bariatric Advantage - Meeting Sponsorships – Major
  - KVK Tech – Meeting Sponsorships – Major
  - Karl Storz – Meeting Sponsorships – Minor
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  - ConMed – Meeting Sponsorships – Minor
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Problem

• Unlike other life-threatening diseases, such as cancer, heart disease, and diabetes, universal coverage for obesity treatment does not exist.
• Bariatric surgery patients often face a myriad of arbitrarily imposed criteria to delay surgery.
• One such delay tactic includes insurance mandated 6 and 12 month medical weight loss requirements.
Insurance Mandated Delays

• Leads to patient attrition/frustration
• Delays definitive obesity treatment
• Often leads to obesity progression and co-morbidity development
• Worsens life-threatening conditions such as type 2 diabetes mellitus (T2DM)
• Increases direct and indirect health care costs
ASMBS Consensus Statement

ASMBS Guidelines/Statements

ASMBS updated position statement on insurance mandated preoperative weight loss requirements

Julie J. Kim, M.D., F.A.C.S., F.A.S.M.B.S.\textsuperscript{a,*}, Ann M. Rogers, M.D.\textsuperscript{b}, Naveen Ballem, M.D.\textsuperscript{c}, Bruce Schirmer, M.D.\textsuperscript{d}, on behalf of the American Society for Metabolic and Bariatric Surgery Clinical Issues Committee

\textsuperscript{a}Department of Surgery, Tufts University School of Medicine, Boston, Massachusetts
\textsuperscript{b}Department of Surgery, Penn State University, Hershey, Pennsylvania
\textsuperscript{c}Clara Mass Medical Center, Glen Ridge, New Jersey
\textsuperscript{d}Department of Surgery, University of Virginia Health System, Charlottesville, Virginia

Received April 18, 2016; accepted April 18, 2016
Extensive database review in 2011

A total of 1432 patients were reviewed and stratified by payor mix based on whether their insurance mandated preoperative weight loss and resulted in 500 patients for analysis after bucket matching algorithm.

Regression model: no significant difference in weight loss outcomes between the mandated weight management group and the comparison group at 1 and 2 years.
Other studies

• 2 week Very Low Calorie Diets (VLCD) do not impact operative time, intraoperative blood loss or complications

• 6 months of intense behavior therapy versus standard preoperative care: no difference in weight loss after 6 or 12 months post op

• Randomized trial: 6 months of medical weight loss vs. usual care: no difference in weight loss or behavioral outcomes

Conclusion

• There is no randomized controlled trial, large prospective study, or meta-analysis that supports the use of insurance mandated preoperative weight loss

• This practice is discriminatory, arbitrary, capricious, and unnecessary

• Delays life-saving treatment, contributes to patient attrition, and is unethical

• This practice should be universally abandoned